



# **VAHS**

ANNUAL REPORT  
2013 - 2014

# The VAHS Board



Michael Graham,  
**Chairperson**



Lyn Briggs,  
**Deputy Chair  
to May 2014**



Ron Briggs,  
**Treasurer,  
Elected May 2012**



Karin Williams,  
**Deputy Chair  
from May 2014**



Troy Austin



Alan Thorpe



Brad Brown,  
**Secretary**

## ACKNOWLEDGEMENTS

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

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

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# Chairperson's Report

## Introduction

I welcome members to the 2013-2014 VAHS AGM and I thank you for your interest and attendance.

I wish to acknowledge that VAHS is located on the lands of the Traditional Owners, the Wurundjeri people. I pay my respect to the Wurundjeri Elders both past and present.

The 2013-2014 year has been what I call a year of consolidation and progress for VAHS, and along with my fellow Board members I was happy to see that the organisation has gone from strength to strength. I am happy to have played my part in this resurgence as the Chair of the organisation and I congratulate fellow Board members, the Chief Executive Officer, VAHS Managers and staff for their important contributions to the life of VAHS.



Michael Graham,  
**Chairman**

## Highlights

### 40th Anniversary Celebrations

VAHS celebrated a major milestone in its history by conducting a number of events;

- Celebrate the first of the VAHS 40th Anniversary celebrations and combined with the Official Opening of the newly acquired Preston Site.
- Held a Family Day in the park.
- Gala Dinner and recognition of "long serving staff" of the organisation.



Photo: The VAHS Gala Dinner at the Docklands

### Appointment of a new VAHS CEO

VAHS engaged an external recruitment company to assist in the recruitment of a new VAHS CEO.

Jason King was the successful applicant and he commenced with VAHS in November 2013.

Jason lived his early life in East Gippsland and he came to VAHS from the Gippsland and East Gippsland Aboriginal Co-operative where he managed that organisation for some 5 years. He is well known in the Aboriginal health field through his involvement with VACCHO and NACCHO.

### Review of VAHS Finances

VAHS underwent a thorough review of its finances. The recommendations from the review of the finances enabled VAHS to implement more streamlined systems and processes. One of the recommendations of the review was to employ a Chief Finance Officer for 12 months and he will be responsible for implementing the recommendations from the recently completed KPMG review of the VAHS financial processes and systems. Peter Murray has been engaged for a short period to develop the new systems and structure as a way forward. This will 'trigger' an exercise in the completion of future strategic and operational planning to be workshopped at a VAHS Board and Senior Management Inservice.

### Minajalku

VAHS seeks to continue its healing programs at Minajalku and wishes to maintain these into the future. VAHS needs to have some clear understanding of the future funding of programs to maintain Minajalku as a site to conduct the programs, and is seeking dedicated funding to ensure this happens.

### Accreditation

During the year, the Home and Community Care and Allied Health Unit underwent Accreditation of its program successfully. At the same time, the VAHS Medical Unit is preparing for its third re-Accreditation after being successfully accredited in 2011.

## Governance

### Board Meetings

In line with the Victorian Co-operatives Act, the VAHS Board of Directors is to meet during the 2013-2014 year for a number of times per year. I am happy to report that the Board met on 13 occasions.

### Diploma in Business

All Board members have been invited to attend undertake the Diploma in Business (Governance) at Chisolm University, and this will be a consideration as we move forward.

# Chief Executive Officer's Report

## Introduction and Acknowledgements

Firstly, I acknowledge the land that VAHS resides on - that of the Wurundjeri and also Boonwerung peoples that are a part of the Kulin Nation. I also pay my respects to all Elders past and present for giving us what we have today and that their legacy will live on.

To all the families that have lost loved ones our sympathy and condolences to you. Our community will miss them dearly, but we will be here to support you.

Well, what a fantastic year VAHS has had. We have had an increase of community utilising the services at Fitzroy, Preston and Thornbury. Along with the increase we have also improved our planning and care for our community members especially those with chronic illnesses.



Jason B King

## Staffing and Governance

I congratulate Aunty Bev Hanley who was recognised for her work within the Alcohol and Drug sector and Dr Chris Fredericks for being honoured with an Order of Australia Medal for dentistry and a long and distinguished dental service to the Victorian Aboriginal community.

Well done to all staff who continue to raise the bar and who have made significant contributions and changes to individual lives, their families and to many community members.

The Board of Directors are working hard to ensure the sustainability of the services for future generations.

Managers have been making changes to services to ensure we try and meet community need. To the Board - Michael Graham, Lyn Briggs, Ron Briggs, Karin Williams, Alan Thorpe, Bradley Brown and Troy Austin I thank you for your open and honest feedback and reminding me of the history of VAHS.

Also during this time our Administration area has had some changes to its structure and resources.

Some staff have been relocated to the Preston site, a VAHS Finance Review was undertaken during the year resulting in the employment of a Chief Finance Officer, and the improvement and implementation of a more streamlined financial processes. Throughout this time the many staff who commenced training had completed their training and gained certificates that helped them to build their professional and personal development.

The Federal Government have thrown down challenges to the Aboriginal Health Sector with budget cuts and having to be more accountable. As always VAHS will continue be accountable and to operate professionally so that it is in a good position to fight to secure our services for our community.

And lastly to the Managers – Helen, Andrew, Christine, Joanne, Paul, Lesley, Peter, Shaila, Denise, Susan, Mary, Theresa and Alan thank you for your hard work and dedication to your work and to our community.

## Future Plans

### Bunjilwarra Koorie Youth Alcohol and Drug Healing Service

I am proud to say that VAHS (among a number of Koorie organisations tendering for the facility) was successfully granted the tender to run it, in partnership with YSAS. The facility, the Bunjilwarra Koorie Youth Alcohol and Drug Healing Service for Koories in Hastings is set up to cater for all Victorian Koorie youth.

For your information the following staff members of the VAHS Administration who were working at VAHS at the time of reporting, are listed below.

Staff

CEO	Christine Ingram, Jason King (November 2013)
Deputy CEO	Christine Ingram
Executive Assistant	Sandra Webber
Reception	Janinna Chessels, Jnnaallii Penrith
Administration Officer	Nikki Penrith
Corporate Services/Finance Manager	Gerrit Pruis
Chief Finance Officer	Peter Murray
CTG Partnership Manager	Joanne Atkinson
Human Resources Adviser	Lesley Day
Human Resources Assistant	Merindah Brown
Senior Policy/Major Projects Office	Reg Thorpe
Education and Training	Jan Muller
40th Anniversary Co-ordinator	Robert McGuinness
Maintenance/Handyman	Mark Singleton
Medicare Enhancement Officer	Worrin Williams
PIRS Officer	Dawn McGuinness
IT and IT Support	Paul Dunne, Fred Wilson
Research Officer	Joanne Luke, Maurice Shipp (June 2014)
Finance Manager	Sailaja Moturi
Payroll Officer	Narelle Carter
Accounts	Jhansi Vasireddy, Amedee Griffiths, Sherine Eldho
Security Officers	Alan Hedges, Tanya Saunders, Mario Bonetto
Cleaners	Kaylene James, Norman Williams, Louise Atkinson



# Medical Unit

## Introduction and Acknowledgements

2013-2014 proved to be another year of challenges and successes for the Medical Unit; these included; Infrastructure upgrades to consulting rooms, a specialised health assessment room, dedicated study and administration space, the employment of a Care Planning Coordinator and an increase in the number of GP Registrars that we take each year, in the main.

We have had a number of projects operating within the Medical Unit over this time that have made us look at the way we do things; from the Health Literacy project, which is on-going, that looks at the way patients receive and interpret health information from medications, health promotion to discussions between health professionals and themselves about their own health situations and concerns. The STI/BBV (Sexually Transmitted Infection & Blood Borne Viruses) project looks at our practices in the screening and management of STI's & BBV and compares this against national guidelines assisting us to shape continuous quality improvement initiatives in sexual health service delivery, thus allowing us to improve our prevention education, screening, treatment and management of these infections. Some of these findings have led to discussion about the possibility of setting up a "Liver Clinic" in the New Year.

Whilst there is a temptation to push through a number of the primary health care programs, like some of the above mentioned as part of our focus to integrate a primary health care focus within the Medical Unit, this has to be tempered to meet the everyday acute needs of the practice. This can be and is challenging for both staff and patients alike but if not for the resilience and persistence of the greater staff this would not occur.

On this note, I again would like to acknowledge and thank the hard, dedicated and professional work of the staff that I am indeed fortunate to work with.



Andrew Baker,  
Practice Manager

## Profile

The Medical Unit provides acute and primary healthcare services. Consisting of Aboriginal Health Workers, Nurses, General Practitioners, visiting Medical Specialists, Receptionists, Transport Drivers, Pharmacist, Medical Director, Project Officers, Diabetes Educator, Care Planning Coordinator, Administration and a management team.

Services that operate within the Medical Unit include; acute and chronic disease support and management. We also have a number of visiting medical specialists including;

- General Surgeon
- Cardiologist
- Dermatologist
- Geriatrician
- Ophthalmologist
- Gynaecologist

The Medical Unit also hosts medical and nursing students along with GP Registrars. The Unit's days and hours of operations are;

<b>Monday to Thursday</b>	8:30am – 5:30pm
<b>Friday</b>	8:30am – 4:30pm
<b>Saturday</b>	9:30am – 12:30pm



## Staffing

### Aboriginal Health Workers

Kim Dick  
Jade Young \*

Bonnie Kairouz  
Kesaia Levini \*

### Doctors

Jon Cook \*  
Alethea Dwyer  
Jonathan Epstein (Registrar)  
Ohnmar John  
Niall Quiery  
Kieran Shiels  
Sally Stokes

Sarah Cush  
Alistair Don (Registrar)  
Owen Harris \*  
Sarah Koh  
Thanuja Ranatunga  
Richard (Dick) Sloman

### Nurse/s

Jason Coombes  
Sandra Gregson

Danny Glasby

### Medical Reception

Coen Brown  
Trevor Kirby \*

Rheearnah Kennedy  
Tarneen Onus-Williams

### Pharmacy

Tinu Abraham

Lucy Egerton

### Transport

Mark Brookes  
James Brown

Cameron Brown  
Anthony Pappas

### Allied Health

Diabetes Educator  
Dietician  
Podiatrist

Mandy Williamson  
Robyn Delbridge  
Matthew Christie  
Bang Nguyen \*  
Chris Lane  
Australian College of Optometry

Physiotherapy  
Optometrist/s

### Visiting Medical Specialists

Cardiologist  
Geriatrician  
Ophthalmologist  
Surgeon  
Dermatologist  
Gynaecologist

Andrew Burns  
Dina LoGuidice  
Damien Louis  
James Keck  
Rebecca Dunn  
Yasmin Jayasinghe

### Project/Program & Administration Staff

AHPACC  
Healthy for Life  
Sexual Health & BBV  
Administration

Deepika Kaushik (Dee)  
Shelley Williams  
Sandra Gregson/Kim Dick  
Les Thorpe

### Management Team

Team Leader  
Transport Co-ordinator  
Medical Director  
Practice Manager

Tracy Williams  
James Brown  
Mary Belfrage  
Andrew Baker

\* Have since left the VAHS

## Statistics

### Individual clients seen

Female	1,858
Male	1,540
<b>Total</b>	<b>3,398</b>

### Episodes of care

Female	17,574	58%
Male	12,919	42%
<b>Total</b>	<b>30,493</b>	

### This equates to:

122	episodes per day
610	episodes per week
2,541	episodes per month

Note: This does not include phone or screening contacts of which there were over 2,200

## Highlights

### Chronic Disease Care Planning & Coordination

Care planning and coordination is targeted to patients/clients with a diagnosed chronic condition who need support to access services and who will benefit from care co-ordination. The following conditions: Post-Acute Cardiac Care, Diabetes, Respiratory Conditions, Cancer and Heart Disease are the main conditions supported through this process.

Whilst in the past, Care Planning and coordination has been managed by the GP, this was not a good model as it required the GP to manage the complete care planning and co-ordination process. As in the case of "mainstream" health services, this role was covered by a Practice Nurse working closely with the GP and patient, thus providing a more collaborative and supportive partnership for the patient in the management of their care.

A Care Planning & Co-ordination position had been identified as a key position required within the VAHS and it has been a work in progress to obtain dedicated recurrent funding for this position. This funding has been secured through the Department of Health under the Aboriginal Health Promotion and Chronic Care (AHPACC) program and is very much welcomed.

The capacity of the VAHS to provide improved management of chronic disease for individual patients is now greatly enhanced by the employment of a dedicated Care Planning Co-ordinator. In May this year the VAHS employed the services of a dedicated Practice Nurse to manage care planning & coordination for our patients. Deepika Kaushik, or Dee works alongside Shelley Williams and our GP's in providing this support to our community.

Since the employment to this position, official care plans are up almost 90% for the first 3 months of this financial year.

### Re-Accreditation

In July this year the VAHS Medical Clinic was again successful in its endeavour to attain AGPAL (Australian General Practice Accreditation Limited) re-accreditation.

AGPAL accreditation is awarded to Medical Practices who meet a set of standards, approximately 140, set by the Royal Australian College of General Practitioners. AGPAL accreditation occurs every 3 years.

Essentially what this means to the community is that the medical services they receive from the VAHS is of the highest standards and practices within Australia. It is certainly an award that the staff take very seriously and rightly are very proud of re-attaining again.

This isn't a certification that we set ourselves to meet every 3 years, the standards and practices need to be at this top level each and every time we provide clinical services to our community. Thus we regularly review, refine and educate our practice, policy and staff throughout each year to ensure we are operating at industry levels and to meet medical alerts and trends as they occur and dictate.

This should also serve as a sense of pride for the local Aboriginal community, knowing that their community controlled medical practice is rated so highly and that many fellow community members are working to maintain this standard alongside an equally dedicated and professional workforce.

### Infrastructure

Over the 2013 - 2014 period we planned to update the work areas and aesthetics within the Medical Unit of which this is nearly complete. In the main we have upgraded the GP/Specialist consulting rooms and the central Treatment room including;

- Flooring
- Furniture
- A new central fireplace.
- Paint
- Equipment, and

Outstanding areas include the waiting area and the central Medical – Dental Reception, with the view that we will increase the number of windows from 3 to 4 and look at the possibility of a centralised intake area for all Program Units at the Fitzroy site.

### Future Plans

A couple of additions to the various programs we run at the VAHS Fitzroy site that we are planning to pilot in 2015 include;

- A Diabetes Clinic, and a
- Liver Clinic

#### Diabetes Clinic

The Diabetes Clinic will be different from the Diabetes “Club” that operates each fortnight, usually out of the Fitzroy site. In particular it will be a client centred approach supported by a multi-disciplined team of health professionals.

Basically what the pilot Diabetes Clinic will look like is:

A fortnightly client centred co-ordinated multi- disciplinary clinical Type 2 diabetes service, with the main objectives being;

- To complete the annual Diabetes Cycle of Care for clients with type 2 diabetes,
- To create streamlined prioritisation and recall systems for clients with diabetes,
- To improve the clients journey/experience by facilitating convenient access to a multidisciplinary diabetes team.

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

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

#### Liver Clinic

The Liver Clinic will specialise in liver conditions caused by; Alcohol, Drugs, Autoimmune and through other diseases, such as Hepatitis.

Living with liver disease requires a partnership that includes you and a team of multidisciplinary experts that understand your condition.

Conditions such as viral hepatitis B or C, fatty liver disease, autoimmune liver disease can increase the risk for developing cirrhosis and liver cancer. The goals of the Liver clinic are slowing, stopping and curing these conditions so that they do not progress to more serious medical illnesses.

At the liver clinic, liver specialists work with you to closely monitor and manage your condition.

***Cirrhosis** is a serious condition in which scarring damages the liver. When a person has cirrhosis, scar tissue (fibrosis) replaces healthy tissue and prevents the liver from working as it should. Cirrhosis can be deadly, but early treatment can help stop damage to the liver.*

## Photos



The Medical Clinic Team



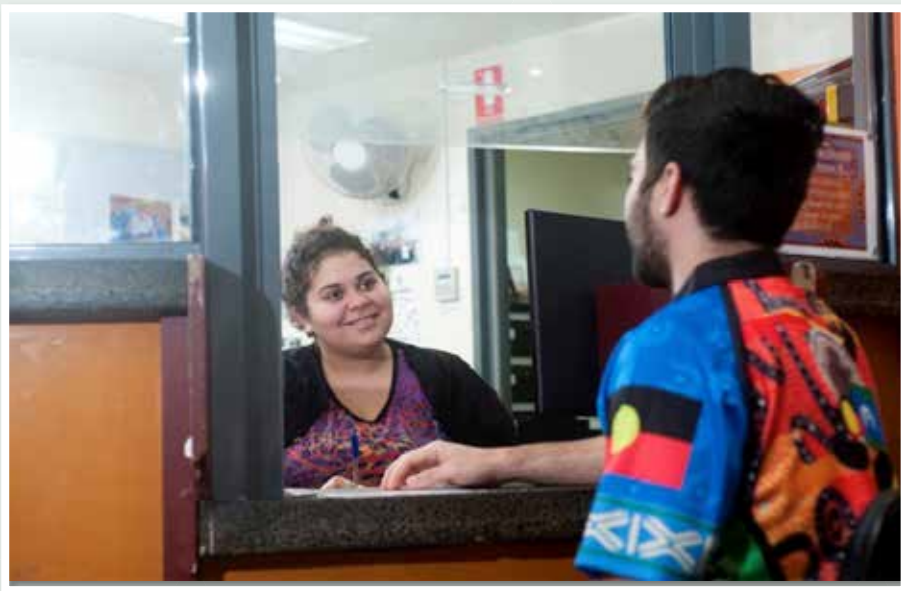
Sandra Gregson, Kim Dick, Bonnie Karouiz



Transport Team, Mark Brookes, Brenton Flaherty, Cam Brown, Anthony Pappas



Shelley Williams, Deepika Kaushik



Tarneen Onus-Williams and Jermaine Charles



# Community Programs

## Introduction

Firstly I would like to thank my staff because we're a pretty amazing Unit; we're deadly! Once again Community Programs Unit has had a busy and productive year.

## Profile

Community Programs continue to implement the Active Service Model approach which focuses on working with clients, rather than for the clients to achieve their health goals. This empowers client to take ownership for their own health and well-being and to help them help themselves. Part of our HACC commitment included developing individualised HACC Care Plans for our clients. The HACC Common Care Standards have been finalised and our Diversity Plan is in full swing.



Denise McGuinness,  
**Manager**

## Staffing

Manager	Denise McGuinness
Assessment Intake Worker	Jermaine Charles
Aboriginal Physical & Nutrition Worker	John Green Janaya Charles
Allied Health Nurse	Mary-Jane Hammond Renate Rudd
Occupational Therapist	Caroline Francis Vivian Petrie
Aboriginal Health Worker	Lorraine Cunningham
Dietician	Jasmine Millman
Physiotherapist	Josie Ley

## Highlights

This year we've continued to provide high quality and responsive clinical care. Aboriginal Health Worker, Nursing and Allied Health services are provided daily. Elders Programs are catering for our Elders holistic health needs; with Hydrotherapy, Gym, and Diabetes Club.

The model for the Gym program changed during this year, utilising tailored Personal Training programs for each client. Physiotherapist Josie Ley and Greg Semmler from Healthy Lifestyles joined the Gym team; working alongside Janaya and John, the Physical Activity and Nutrition Workers. We have confirmed a Project Worker for the Deadly Elders Club; which is a Food, Nutrition and Physical Activity program for Elders living in cities of Hume and Whittlesea for next financial year.

This program will target Elders who aren't currently accessing HACC services. We will be working with Leanne Brooke and Cathy Austin (Access and Support Workers).

### **Professional Development Training**

Our team's professional development has been interesting and varied this year with Janaya Charles, John Green and Lorraine Cunningham have completed their Certificate III HACC Services this year, including placements at Rumbalara. Jermaine Charles is continuing his studies in Bachelor of Nursing at IKE. Robyn Delbridge has become a member of the Board of Directors for the Dietician's Association of Australia. As a team we've been focussing on Dementia care, including a very well attended Community event with Alzheimer's Australia on the 4th of October.

### **Partnerships**

Our partnership with Co-Health, formally North Yarra Community Health, has been expanded to include 1.5 day of Podiatry in addition to physiotherapy. The new Podiatrist, Matt Christie is getting to know our Community well, and has previously been working at the Billabong BBQ with the Parkies.

We welcomed new staff to our team this year. While Robyn, the Dietician went on extended leave to work in the Torres Strait islands for 8 months, Jasmine Millman filled the position of Dietician Locum and fitted into the team with ease. Mary-Jane Hammond has taken extended leave and Renate Ruud has filled her shoes working very busily with Lorraine Cunningham.

Jasmine and Renate are enjoying getting to know the Community – welcome!

### **Future Plans**

One of our staff members is going on maternity leave and we wish her well!



# Family Counselling Services

## Introduction

From the June 2013 – 2014 reporting period, the VAHS Family Counselling Service experienced another busy year. This was particularly marked by a high and growing level of demand for all services as well as service expansion across the area of adult social emotional well-being and drug and alcohol services, particularly. There has been a steady increase in demand for services with an average of 38 new referrals every month for general adult psychological services in the nine months from March 2014 and more than 60 clients seen each week on average. This is in addition to over one hundred families seen by staff from the Koori Kids and Adolescent Mental Health Unit.

This service expansion has been under planning and development for the last three years and is largely in response to changing community demographics/needs highlighting our increasing population base in the north/north western region as well as growing mental health and substance abuse issues affecting individuals and families. In particular this relates to growing ICE use and associated issues around mental health for young people and the support needs of families.

In the face of this we have had to develop new relationships and partnerships – seek new funding opportunities - and make sure that we are able to re-design our services to suit our changing client needs, and not ourselves.

Fortunately, we have been able to achieve this largely in response to new dedicated funding for adult mental health. Unfortunately we cannot say the same for growing our resource base to support our work with children and young people.

Our resources to support the work by our dedicated, highly skilled and over stretched Koori Kids and Mental Health team have been largely stagnant for over ten years. This is despite growing numbers of referrals and levels of complexity that are presented, and all the knowledge around the importance of early intervention and the needs of vulnerable children and young people.

VAHS has however highlighted this strategically, as an area of priority for all services across VAHS who work with children and young people.

We hope that VAHS and the community can support the much needed growth to support our children and young people to access high quality culturally appropriate therapeutic and other health support to meet growing needs, clearly matched by a growing population base.

Two significant initiatives' to support the growing demands for services and service expansion were undertaken in 2014. The first was a 'service improvement project' that has helped develop a proposed 'road map' to support continuous improvement for our 'specialist' clinical and social emotional well-being services.

The other has been an Independent review of the Minajalku Healing Service.

It is a credit to FCS staff as well as other VAHS staff that new services, new staff and general changes have occurred with relatively positive levels of support. Staff have largely accepted that changes need to happen and there has been a strong commitment to improving the services we deliver wherever this is needed.

Some of the new services that are described under the 'Service Development' section are in response to our experiences of growing levels of homelessness and mental health, the need for better service coordination to support clients with serious mental health issues and our families and importantly, more resources to support growing drug and alcohol issues – particularly associated with ICE, and more financial counselling support resources. We don't pretend to offer a service that is able to respond to all needs, but we have and continue to work very hard to build on our strengths and try to provide a 'one-stop shop' wherever possible.

Our service continues to be forward thinking in the face of uncertain future funding and the fall out of massive reform. This has impacted on mainstream mental health and drug and alcohol services as part of what has been called a 'recommissioning process' where mainstream services have had to compete for new services and new service models.

In response to this there has been a reduction and significant changes in the mainstream workforce in this area and many of our 'shared care' clients and families have been impacted by the uncertainty of this and 'caught' in



Helen Kennedy,  
**Manager**

between not knowing which services they are working with. This is very real for many in our community and has been confusing and unsettling.

There is also a strong possibility that VAHS will potentially be subjected to new re-commissioning' process of Aboriginal mental health services that we were 'quarantined from' in 2013/2014. This means we may need to compete with other mental health services to continue to deliver our specialist services.

VAHS will be also be impacted by the new National Disability Insurance Scheme being slowly introduced impacting on clients who are on Disability Support pensions. It is for these and other reasons that VAHS has needed to become a stronger service that can sustain any potential 'competition' with mainstream services who may be in a position to tender for our services in the future. These are very real challenges alongside with uncertain future funding models.

I would like to personally thank all FCS staff for sticking through some challenging times and maintain our humor and support for each other through it all.

In particular I need to thank our Team Leaders John Egan, Joanne Dwyer and Esther Gregory for their leadership, resilience and support as well as other VAHS Managers and staff throughout VAHS sites. We continue to be stronger as we slowly reduce our own 'internal silos' and ensure better wrap around support for clients and patients regardless of age and which 'site' they physically present to. For this we are proud – although it remains a 'work in progress'.

## Profile

Family Counselling Services included:

- Specialist GP services provided at the VAHS Preston site (3 days a week)
- Adult Mental Health clinical services including psychiatric care and support
- Support for referrals & pathways into 5 dedicated beds – St Vincent's Psychiatric Unit
- New pathways into Northern Area Mental Health Service, Prevention and Recovery Centre (PARC) and Continuing Care Unit
- General counselling and psychological support
- Expanded Drug and Alcohol Support – new Detox support role
- Supported referrals and priority access to 2 dedicated beds at Detox Service
- Child and Adolescent Mental Health (Koori Kids)
- Financial Well Being services – including counselling, advocacy and housing assistance
- Healing Service – Minajalku

Overview/working at the Preston site

During this reporting period from July 2013-July 2014 the service provided 13 programs that were supported by over 40 staff from the Preston site. This site has now housed FCS services as well as the Men's Program and the Healthy lifestyles team and some administration staff for the last two years.

This co-location whilst not without its challenges has meant that we have been able to provide an even more integrated service.

For example, we regularly refer clients to the Men's Unit – particularly those impacted by family violence and vice versa. Equally, many of our ongoing clients have been able to be linked into physical activities run by the Healthy Lifestyle's team.

Many of the FCS staff members are employed part time and some are visiting consultants. This can present a challenge with communication and collaboration – but we feel fortunate to have some of the most highly skilled staff in their respective areas work at VAHS.

The work of all staff members frequently involves responding to significant trauma, crises, as well as grief and loss of individuals and families within the community.

We have been proud to be able to support three projects including a research project that has enabled VAHS to build its capacity around better understanding and responding to the high levels of trauma that so many of our clients and patients (including staff) have experienced.

## Staffing

### Administration Staff:

Manager	Helen Kennedy
Reception	Samantha Downie Peter Ellis
Project support staff	Raelene Lesniowska (Healing foundation 'Trauma education project' coordinator Tammy Hunder (Stronger Communities Project Coordinator until Feb 2014; Anita Mobourne until September 2014)

### Team Leaders

John Egan, Adult Social Emotional Well Being  
Joanne Dwyer, Koori Kids and Adolescent Mental Health  
Esther Gregory, Financial Well Being

### Adult Social Emotional Well Being/Mental Health

Team Leader	John Egan
Intake Worker	Linda Holmes
D & A Counselor	Bev Hanley
D & A/MH Outreach worker	Garry Fitzgerald Tracey Onus (until July 2014)
Senior Consulting Psychiatrist	Dr. Sue Weigall
Psychiatric Registrar	Dr Mark Robertson
General Practitioner	Dr Thanuja Ranatunga
Psychiatric Nurse	Ken Marston (3 days a week) until June 2014 New – Grady Walsh (full time) from September 2014
Psychologist	Graham Gee Karen McAlear
Counselors	Robyn Sketchley Karen Holl (leave without pay from May 2014)
Problem Gambling Counselor	Ian Gray*
Hep C and Sexual Health Nurse	Sandra Gregson (2 days a week)
Partners in Recovery Facilitators	Suzanne Nelson and Ruby Warber
Detox Support worker	Doreen Lovett (Sept – Jan 2014) Leonard Harrison
Wadamba Wilam Homelessness Support Services	Corey Wanganeen

### Visiting Consultants/out posted

Psychiatric Registrar (6 months placement on rotations from St Vincent Hospital for 1/2 a day a week)	Dr Dan Hubik Dr Daithi O'Mathuna
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### Adult Social Emotional Well-being team

Under the leadership and management support provided by John Egan, the adult social emotional wellbeing/ mental health team have an experienced and proud team that generally works well between both Aboriginal Health workers and clinicians to support the care, treatment and recovery of clients.

Clinical Services provided by the Adult Mental Health program include:

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

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

During this period there was significant and increasing demand on all staff working in Adult Mental Health and the complexities of issues presented. This Unit also saw a number of new programs, services and staff being introduced – and has been the fastest growing area within VAHS.

### **Service Development and Expansion - Adult social emotional well being**

#### **Better access to De-tox services when 'ready' and new detox support position**

Thanks to strong advocacy work provided by VAHS, in February 2013 our major detox service ReGen (formerly Moreland Hall) announced it would provide the following in response to community need:

- Prioritize a minimum of two detox beds for Aboriginal and Torres Strait Islander people. This has reduced the waiting time once a person is 'ready' from five weeks to as little as three days (as occurred recently)
- A home based detox option with relevant clinical support alongside VAHS
- New women's and children detox unit being built with at least one bed allocated for Aboriginal and Torres Strait Islander people

Importantly, in October 2013 an agreement was reached to create a new Detox support position in partnership with ReGen and VAHS. This position was filled by Doreen Lovett for three months – followed by Leonard Harrison who has been working in this role since February 2014. Work has also been done to create culturally affirming spaces such as a new garden thanks to support and advice from Leonard to reduce sterile and institutional spaces.

### **New homelessness support services for Aboriginal and Torres Strait Islanders in the North Western Region**

#### **Breaking the cycle of Homelessness 'Wadamnba Wilam' (Wurundjeri word meaning renew/shelter)**

VAHS decided to partner with the two other mainstream services who are part of 'Wadamba Wilam' due to the limited housing options VAHS was able to assist our clients and patients with (we have only four flats for the entire service that we are able to support VAHS clients in) as well as growing issues around homelessness and mental health.

We also recognized that VAHS has limited capacity to provide intensive home based support that many clients need. We also know there are many Aboriginal and Torres Strait Islander people who are not engaged with VAHS and 'fall through the cracks' of a complex service system. Many clients of this new service have not been part of any service for many years. We have been able to reconnect with these clients and support their journey of healing and recovery - including stabilizing their accommodation.

This unique new service that VAHS is a leading partner in (although auspiced by NEAMI) has now been in operation for over twelve months.

VAHS has a dedicated position to support this service as well as Re-Gen (detox service) and NAHMS (Northern Area Mental Health Service). A management group including VAHS oversees this service.

The dedicated VAHS worker is Corey Wanganeen. Resources have also been allocated to GP support for a client that recognizes the need for VAHS to provide medical and psycho social care to all clients as a preferred priority. VAHS senior psychiatrist, Dr. Sue Weigall also plays an extra role providing clinical supervision to the work.

There are now over thirty Aboriginal and Torres Strait Islander people who are part of this service based in the Darebin and Whittlesea areas. These clients, who have limited housing options, are able to receive intensive support with enduring social emotional well-being/mental health issues and recovery and well-being support. Most clients are young and under 25.

VAHS is very proud to be a key and equal partner of this service. We have already seen practical outcomes such as accommodation provided to people who have been homeless for several years, avoiding incarceration/providing support post incarceration, improvements in mental as well as physical health and well-being and reduced drug and alcohol use – including ICE.

Many VAHS staff – but particularly John Egan, is to be commended for their support in the long term service planning phase – through to current day to day support. This is not a duplication of services or a ‘replacement of VAHS services’. Instead, it is a much better way to harness and join up with services to support our most vulnerable community members – some with children and families.

#### Partners in Recovery in Mental Health

- The new Partners in Recovery’ is part of the biggest commonwealth government investment in adult mental in 20 years that aims to make sure services are better connected and integrated to support client recovery and the role of Carers.
- As part of this new service model, VAHS was fortunate to be funded for two new positions – filled at the end of 2013. These roles will support clients who have serious and ongoing social, emotional well-being issues – with better coordinated care from within VAHS as well as with other services involved in care and treatment. Importantly, this new service will have a large focus on recognizing the key and pivotal role of Carers and families in care coordination.

#### Carers & Consumers Crisis Support

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

The program also provides for:

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

#### Drug and Alcohol Outreach and Mental Health Support

##### Staff

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

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

The program provides:

- Assessment, Case Management and Counselling Support
- Referral to other Aboriginal or mainstream drug withdrawal units or residential rehabilitation (recovery) centres
- Outreach support
- Harm minimization and relapse prevention strategies
- Support and Counselling to families and carers
- Referral and linkages to social welfare support services
- Linkages and network with other alcohol and drug services
- Advocacy on behalf of clients
- Statewide Koori A&D network (Telkaya)
- Lead role in the development of the Hepatitis C treatment shared care program with St Vincent’s Hospital
- Assessment, education and support for individuals and carers with Hepatitis C

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

As reported in previous AGM reports the demand for these services is greater than what is able to be offered. On most days appointments are full. This also restricts much needed community education, early intervention and health promotion work.

## Staff

Bev Hanley	Drug and Alcohol Counsellor
Garry Fitzgerald	Drug and Alcohol/Mental Health out-reach worker
Leonard Harrison	VAHS/Re-Gen – Detox support worker (newly created position)
Dean Ballantyne (now Andy Brigham)	Drug and Alcohol Worker (newly created position)

We now have a partnership with Re-Gen where clients are being admitted for detoxification. We are also getting priority access to youth detoxification services in the eastern region.

We are currently seeing clients with a range of issues, but ICE is still a big problem in our community. There is still a shortage of beds for adult drug and alcohol rehabilitation.

## Counselling Services

### Staff

Psychologist	Graham Gee (p/t)
Counselor/Family Therapist	Karen Holl* (p/t)
Counselor	Robyn Sketchley*(p/t)
Specialist Counselor (sexual assault/abuse)	Kim Robinson

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

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

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

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

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

Additionally, FCS is increasingly being called upon to provide specialist counselling advice, services and support to not only other VAHS programs but outside Aboriginal and mainstream agencies. This includes external supervision for Aboriginal staff, requests for guest lectures and social emotional well-being workshops and so on. Due to capacity issues we are not usually able to support most of these requests.

## Koori Kids and Child Adolescents Mental Health Program/s

### Staff

Team Leader	Joanne Dwyer
Family Therapist	Karen Holl



Child & Adolescent Social & Emotional Well Being Workers

Daryl Smith, Kristy Smith (3rd health worker still vacant)

Child Psychologists

Dr Robyn Ball and Dr Radhika Santhanam

Paediatric Registrar

Dr Mark Safe, Cate Rayner, Pip McSwiney

Youth Justice Mental Health Clinician

Joel Wickham

Child & Adolescent Psychiatrist

Ola Krupinska

### Visiting consultant/therapists:

Alfred CAMHS

Kaye Geoghegan - Social Worker/Family Therapist

Riwai Wilson - Social Worker

Fiona McDonald - Child Psychologist/Family Therapist

Mark Safe finished during this time period and Karen Holl was granted 12mths leave without pay.

Women's & Children's

Georgina Austin and Myra Hardy (Paediatrician registrar) have continued to attend internal program meetings. This is helping us maintain close working relationships across Koori Kids and Women's and Children's program that continues to benefit our ability to work holistically with clients to ensure that their medical and mental health needs are met.

Volunteer

David Mushin continues to offer his invaluable services by co-chairing the koori kids intake and peer reflection meetings. During this time Kaye Geoghegan retired from working at Alfred Hospital but has kindly agreed to volunteer one day a week to support the program. Both David and Kaye's voluntary commitment has been crucial to ensuring that the program is as good as it can be.

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

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

During the reporting period this involved supporting approximately 100 new referrals for families per year through program activities and therapeutic interventions such as:

- Intake assessment,
- Mental health and social and emotional well-being assessment,
- Case management,
- Counselling and therapeutic interventions at FCS or by outreach in the community,
- Therapy: including child play therapy and/or Counselling, parenting skills, family therapy, and parental counselling, guidance and support,
- Crisis intervention where required with children, adolescents and families,
- Providing secondary and cultural consultation,
- Liaising and working partnerships with other Aboriginal and mainstream organisations,
- Mentoring,
- Monthly secondary consultation to Hutton St Primary School.

Clients/Families would normally stay with the program for several months (and often longer) depending upon individual needs.

Koori Kids continue to offer programs to support parents to develop positive relationships with their children.

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



## Youth Justice Mental Health initiative

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

This initiative forms a key aspect of the vulnerable youth outreach element of the redesigned child and adolescent mental health service system.

## The Role of Youth Justice Mental Health Clinicians

- Provide consultation on the development and review of comprehensive treatment and care plans for the client group across both the youth justice and mental health service systems
- Deliver education and training to mental health & youth justice staff on the management of the client group
- System and network development to facilitate improved access to mental health treatment services for youth justice clients
- Provide senior clinical services relevant to allocated mental health service
- Establishment and maintenance of effective referral pathways into the mental health system for youth justice clients

## Financial Well Being Program

### Staff

Financial Counsellor/Team Leader <sup>1</sup>	Esther Gregory
Therapeutic/Gambling Counsellor	Ian Gray
Financial Counsellor – trainee	Chantelle McGuinness (maternity leave)
Social Support Worker	Rebekah (Rieo) Ellis
Senior Financial Counsellor	Miles Turnbull (new position)
Financial Counsellor - casual	Anna Taylor (1 day p/wk)
Housing Information & Assistance	Rita Menere (2 days p/wk) (Homeground Housing Services partnership)

The Financial Wellbeing Program is located within VAHS Family Counselling Services and operates across both Fitzroy and Preston and sites by appointment. Typically, clients seeking information and assistance from the Financial Wellbeing Program are generally struggling with serious financial, emotional, health and relationship problems related to low income, loss of income, housing stress and insecurity, gambling behaviors. In this context, Financial Wellbeing staff work holistically and collaboratively across all VAHS programs and services.

The overall aim of the Financial Well Being Program is to deliver relevant culturally informed services which contribute to increasing the confidence, financial skills and knowledge of individual clients and the broader Community. The Financial Well Being Program continues to experience a high demand for services. Our core gambling and financial counselling & information services function to provide confidential counselling and financial advice to Community members experiencing financial hardship and personal stress particularly clients directly affected by the adverse impact of problem gambling behaviors.

The Financial Wellbeing Program functions provide:

- Culturally informed personal support and gambling counselling services
- Financial Counselling casework services (managing household expenses, credit and debt matters, referral to relevant external material aid and housing services etc)
- Financial literacy and gambling awareness - Community Education
- Housing information and assistance services

### Commitment to capacity building - Victorian Responsible Gambling Foundation

Chantelle McGuinness commenced her trainee work with the Financial Wellbeing Team (Victorian Aboriginal Health Service) when she was 19 yrs. of age. In 2012 Chantelle completed her Diploma in Community Services (financial counseling electives) and remains a key role in enabling the Communities engagement with Financial Wellbeing services and activities.

VAHS is appreciative of ongoing funding and support received from the Victorian Responsible Gambling Foundation toward the development and delivery of culturally informed Financial Well-being services and commitment to Aboriginal workforce development within this sector.

In May 2013, pilot funding from the Victorian Responsible Gambling Foundation was allocated to employ Rieo (Rebekah) Ellis' role as a Social Support Worker in the Financial Wellbeing Team. The funding enabled Rio's position to be amended to strengthen her capacity as an initial contact to people experiencing financial stress. This enables her to assess issues related to gambling behaviours, providing immediate referral to gambling and financial counselling staff. Her primary role is to assist clients of the health centre presenting in financial crises, with initial first point of contact information, internal and external referral services and assessment for emergency material aid.

### New position - Financial Counselling (for people affected by problem gambling)

In June 2014, the Commonwealth Department of Social Services funded a (2 year) full-time Financial Counselling position. The position is funded under the DSS Financial Management Program – Financial Counselling for people adversely affected by problem gambling. Importantly this position values preventative as well as remedial services – enabling the financial counsellor to assist clients increase their personal financial management knowledge and skills.

### Homeground Housing Services partnership

In September 2014, Rita Menere commenced at the VAHS Preston site (2 days per week) providing initial housing information and assistance and advocacy in relation to housing services. Housing insecurity remains a significant presenting issue for Financial Wellbeing Program clients. This position is funded until June 2016 and is a welcome initiative. Rita Menere works closely with financial counselling staff to provide one on one personal service to clients experiencing housing stress.

#### Financial Well Being Programs client data: 2013-2014

Problem Gambling Counselling - substantive casework clients	61
Problem Gambling Counselling - information/advice contact episodes only	193
Financial Counselling - substantive casework clients	228
Financial Counselling – information / advice episodes only	219
FWB Community Social Support Worker - Assessment, Referral, Support Service, Material Aid contact episodes	576

\* excludes Homeground Housing client data

### Minajalku Healing Centre

#### Staff

- Sharon Bamblett - Coordinator (until February 2014)
- Daria Atkinson – Women's group facilitator
- Darlene Wright (on leave); Sharon Hughes – Cleaners
- Anita Mobourne (Project coordinator – stronger families & communities)

Despite not having a secure funding and management base to support ongoing operations as well as staff changes during the year, Minajalku has continued to provide a range of programs and provide a venue for many different groups. There is a high demand for these services.

However there are key challenges associated with ensuring the sustainability of the center as there is no recurrent funding available to assist this.

A review of the center, its operations, programs and potential was undertaken by VAHS in early 2014 and included community and stakeholder focus groups – particularly with users of the service. It is expected that a sustainable business model will be developed as part of this review as well as some digital stories produced as part of capturing the uniqueness of what Minajalku is able to offer community.

## Projects

### Better understanding trauma - a VAHS project supported by the National Healing Foundation

The first project, now completed was supported by the National Healing Foundation. This project enabled VAHS to provide a lot of professional development and training to raise awareness and skills around understanding trauma that is often experienced by our clients and patients. A total of 154 staff from VAHS and other Aboriginal agencies attended training sessions. Topics included resilience, healing and recovery, trauma informed care, lateral violence, trauma and attachment and compassion fatigue/self-care. As reflected in the quote below, the training was very well received and positively evaluated by staff.

***"This training helped me to appreciate the deep pain in the community from stolen generations. In practice, I have been able to sit and listen to my clients' stories and not be scared"***



The project culminated with the launch of new parenting support materials in October 2014. The materials were developed based on information provided via Koori parenting yarning circles. The practical materials we have developed to support our parents have been directly informed by the voices and experiences of local Koori parents who are breaking the cycle of trauma in their own parenting.

This type of resources is unprecedented and we have been proud of staff who supported this and our partnership with VACCA and VACCHO that helped make this happen. We need to particularly acknowledge Raelene Lesniowska, as well as Graham Gee and Radhika Santhanam-Martin for this important work.

### Family and community violence prevention project

The second project concludes at the end of 2015 and focuses on preventing violence. We have been able to provide training to over 20 people as mediators as well as continue to provide men's and women's healing groups at Minajalku – which we hope to expand to groups for young people in 2015. We showcased the play 'I don't want to play house' by Tammy Anderson that highlights issues around family violence. We are also planning to develop a new model for VAHS to adopt based on restorative justice models.

Put simply we want to introduce a new culturally-based model to manage complains and/or respond to aggressive or inappropriate behavior that may be displayed by VAHS clients and patients. We want to establish a new VAHS process around this area which will include a panel of Elders/respected persons who will be supported to be able to consider client/patient complaints about VAHS services and/or allegations of unacceptable behavior and consider appropriate consequences.



This project was supported by Tammy Hunter until the end of 2013 and more recently Anita Mobourne who was also able to continue to support the general operations of Minajalku during a very difficult period of uncertain funding for Minajalku.

#### VAHS research project undertaken by Psychologist Graham Gee (PhD)

VAHS has also continued to support our Psychologist, Graham Gee to complete his PhD research on trauma and resilience that will be finished by early 2015. Given that this research was undertaken with around 100 VAHS FCS clients, Graham was able to deliver several community presentations on the initial findings of his research that included those that participated.

This research will ultimately increase our own evidence base around understanding trauma and resilience from an urbanized Aboriginal context. This research is ground breaking at many levels and will contribute to our better understanding of trauma. It will clearly inform planning around VAHS services and the types of investments in services and groups and individual healing programs run through Minajalku.

#### The Royal Commission into Institutional Responses to Child Sexual Abuse

The Royal Commission into Institutional Responses to Child Sexual Abuse was set up in January 2013, and has been granted a two-year extension to 2017. This extension was granted due to the overwhelming amount of calls made to the Commission.

In his opening address to the Retta Dixon Public Hearing in Darwin on 22 September 2014, Justice McClellan stated that 827 Aboriginal people had contacted the Commission, representing 18% of all people making contact, while 9% of people coming to private sessions are from an Aboriginal community. The latter statistic is misleading, however, as it is not defined what constitutes an 'Aboriginal community', and Aboriginality is not recorded at the Private Sessions.

However, what the statistics do point to is an overwhelming number of Aboriginal people affected by institutional child sexual abuse, the potential for healing for those affected people to come forward, and the ongoing support required before, during and after that process for victims, their families and communities.

#### The Coalition of Victorian Aboriginal Agencies

The Coalition of Aboriginal Agencies was developed to respond collectively to the needs of the Aboriginal community in Victoria with regards to the Royal Commission. The Victorian Aboriginal Health Service has been an integral part of this, with a high level of support given to the group with advice, general support and making relevant VAHS services available/fast tracked wherever possible through counselling/therapeutic support and group healing programs where relevant. VAHS also participated in the Ballarat community forum held in June 2014, through the sensitive facilitation provided by VAHS Psychologist Graham Gee and participation in panel presentations. One of the Aboriginal Commissioner's, Dr Helen Milroy (Psychiatrist) also addressed the forum of over 80 community members.

Collectively, the Coalition has been able to address the needs of clients in an informed and coordinated manner, through counselling, legal and psychological assistance, as well as being able to inform government and other relevant agencies as to the needs of the Aboriginal community regarding the Royal Commission. VAHS will continue to support the work of the Coalition with the extension of the Royal Commission to 2017.

# Women's and Children's Annual Report

## Introduction

Welcome to the Annual Report of the Women's and Children's Unit. I wish to thank all staff (past and present) who have worked hard all year. The program provided many successes and positive outcomes through the year and thanks should also go to all stakeholders and partners who supported the program to help make this happen.

## Profile

The Women's and Children's Unit provides a range of services including in areas such as in Maternal and Child Health, Maternity and Enhancement services, Paediatric and Gynaecology services, In Home Support and visiting, Audiology, Nurse Family Partnership, and Family Violence.



Susan Hedges,  
**Manager**

## Staff

Manager	Susan Hedges
Team Leader	Margaret Davidson
Aboriginal Health Workers	Judy Singleton, Rikki Bamblett, Georgina Austin, Cheryl Bamblett, Kate Edney, Anita Bayliss, Patricia Lowden 22/10/2013, Marg Rowell 1/4/2014
Receptionist	Shirley Blackwood
Nurses	Cindy Scott, Toni Bahler (Midwives), Lalitha Chiller (Maternal and Child Health Nurse)
Medical Staff	Dr Yasmin Jayasinghe (Gynaecologist)
Paediatric Registrars	Dr Kate Douglas 29/1/2014, Dr Myra Hardy

## Maternal and Child Health

- Increase in Key Ages and Stages Checks done.
- Provide an immunization service for all children below the age of six years
- Opportunistic immunization for teenagers
- Attend Playgroups as necessary
- Attend to child care facilities such as Yappera Children's Services to provide Maternal and Child Health Services
- Participate in Child Health Services plans and discussions
- Contribute to the overall Unit Business plan
- Participate in Department of Human Services discussions for Maternal and Child Health services
- Maintain immunisation records for all children on Australian Children's Immunisation Register (ACIR)
- Co-operate with Midwives to provide a continuous service for clients who attend shared care arrangements
- Provide a breastfeeding service as required
- Refer clients to dental, audiology and paediatric services as necessary
- Strengthening referral pathways with VAHS counselling services (Koorie Kids Program)
- Support referral of clients including children and adults to counselling services where necessary
- Organize for material aid for clients e.g. for cots and car seat for infants
- Maintain, update and reporting on IRIS data
- Home visiting services for clients as necessary
- Work with In Home support where relevant
- Working and collaborating with external organisations relating to children under the care of DHS
- Maintain administrative records as required.

### Koorie Maternity Services Achievements

Numbers of women attending for ante-natal and post-natal care continue to increase, and the midwives are busy with both pregnancy related care and women's health visits which include Pap smears, contraception and fertility advice.

- Breast feeding rates are increasing - staff are assisting with lactation support to antenatal and postnatal women. Many women are now more prepared to attempt breast feeding - many have continued well into the postnatal period.
- VAHS midwives offer Hypnotherapy to VAHS clients for a range of issues including QUIT smoking, anxiety, stress, weight loss and insomnia.
- In October 2013 the Unit will be running its first Hypnotherapy class for pregnant women and their partners. The aim is to help women deal with issues around birthing. Hypnotherapy can also be used for pain relief.
- VAHS Aboriginal Maternity Health Workers, Margaret Davidson and Cheryl Bamblett continue in their roles with the maternity program, where they offer support and guidance to our women and they ensure that visits remain culturally appropriate.
- We continue to build on our relationships with the main birthing hospitals, the Mercy, Royal Women's Hospital, Sunshine and Northern Hospitals. The Unit assists to provide smooth pathways for the women and babies who attend.
- The Royal Women's Hospital has employed Kelly Tranter as the new Aboriginal Liaison Officer and the VAHS Midwives are working with her to open communication pathways at the Hospital. Kelly is from Alice Springs and has recently moved to Melbourne. She is a passionate Health Worker who understands and champions culturally safe care.
- Koorie Maternity Services workers and Midwives continue to participate in relevant training and conferences to ensure service delivery is maintained and up to date.
- An Indigenous Women's Health meeting was held in Adelaide in April, 2014. The meeting targeted Indigenous and non-Indigenous health professionals who work in Indigenous Women's health. Delegates came from all around Australia and met for 3 days to yarn, network and present papers on different topics.

This year's Koorie Maternity Services forum will be held in October 2014, at Phillip Island. The Midwives and the Aboriginal Health Workers are looking forward to this annual event and will be given the chance to learn and share with our colleagues from around the state.

### Paediatric Achievements

- VAHS is in its 5th year of employment of a Paediatrician Registrar
- A dedicated Aboriginal Health Worker is employed to now work alongside the Paediatricians
- Children attending the clinic has increased
- The Unit has introduced the conduct of regular intake meetings every Monday morning
- The Unit continues to work closely with the other VAHS areas regarding intake and referrals

### In Home Support

- Commencement of Playgroup with Best Start and VACCA on Tuesday at Minajalku
- Increase co-operative work with others regarding In Home Support Clients
- Increase in number of health checks for both children and parents.

### Future Plans

- Structured group activities e.g. Food Handling and First Aid for parents/carers attending the program
- Increase in group activities to include Boorai and Playgroup participants
- Establishment of an Autism group working with other agencies e.g. Aborigines Advancement League, Darebin Disabilities Network.



### Healthy for Life

- Successful Child Health Check Days
- The VAHS Healthy For Life Aboriginal Health Worker works with the Eye and Ear Hospital to conduct monthly Ear Nose and throat Clinics at VAHS,
- Increase work and collaboration with the Medical Clinic for both Adult and Child Health Checks
- Work with other relevant program areas to develop a Breast feeding Policy.

### Future Plans - Maternal & Child Health

- Maintain and increase Key Ages and stages checks
- Increase co-operative work with the VAHS In Home Support team
- Increase contact with clients regarding timely immunisation for children
- Regular mail out to clients regarding timely Key Ages and Stages checks for children
- Increase co-operative work with new Paediatricians and GP's in relation to child health checks
- Work with management to establish a less complicated system for referrals to Paediatricians
- Work with VAHS midwives regarding new born babies
- Improve work on IRIS
- Maintain services to child care centres and playgroups
- Establish a VAHS Paediatric Allied Health team
- Work towards increasing community awareness about Key Ages and Stages.

### Acknowledgement

I would like to take this opportunity to acknowledge and thank Dr Margaret Rowell, the VAHS Paediatrician for over 20 years, for her contribution and work with the Women and Children's Unit.

In this time Marg has been instrumental in building the capacity of the Unit where she helped obtain several specific services relevant to the work of the Unit.

Dr Rowell was very committed and dedicated to VAHS. She was instrumental in fast-tracking patients to the Royal Children's Hospital with Dr John Vorrath, from as far back as 2002. She was also responsible for VAHS receiving services from the Australian Hearing Services since 1994.

In the last five years Marg worked hard to acquire Paediatric Registrars and this allowed an increase of Paediatric services and shorter waiting times for clients.

This year VAHS again employed two Paediatricians that saw the number of children been seen and assisted in the reduction of waiting times.



Dr Marget Rowell,  
**Paediatrist on her last day at VAHS**



# Oral Health Unit

## Introduction

The 2013/2014 financial year has seen the oral Health Unit face many extremely challenging situations experienced by all staff. But we all continued to maintain our integrity and professionalism to continue to deliver high quality services to our community.

Firstly without the dedication, hard work, ongoing support and commitment of such a great team, we would not have been able to provide such a high quality care for the community.

## Profile

Overall our unit continues to provide essential services throughout parts of Victoria, as well as services to many interstate visitors, who welcome the opportunity to be seen.

The Unit is fortunate to continue to be able to offer such a comprehensive service to the community, with a very steady flow of patients, including emergency patients being seen throughout the year.

The Unit continually reviews its internal processes and systems to ensure that the patient's journey and needs are met in all areas.



Theresa McNally,  
**Acting Manager**

## Staffing

Oral Health Manager	Christine Ingram
Dentists	
Senior Dentist	Dr Alex Thomas
Dentists	Dr Ravi Buchireddy Dr Rasheed Shaik Dr Ammu Ruby Dr Lovedeep Kaur
Locum Dentists	Sitanshu Arora Srihalasya Mareedu
Visiting Oral Surgeon	Dr Balanand Subramanian Dr Jameel Kaderbhai
Dental Assistants	Sarah Flynn Nazia Hassan-Shaik
Trainee Dental Assistants	Shaygne Hamilton Nikita Smith Luke Boney

Dr Bala attends VAHS once a month and he averages between 5-7 patients per visit. His procedures include the removal of difficult and impacted wisdom teeth, and has performed biopsy and identified oral cancers in some cases. Dr Bala has also consulted and referred patients for General Anesthetic surgery at the Royal Dental Hospital Melbourne.

Dr Bala no longer attends VAHS as regularly because he is practicing privately and at DHSV.

The Unit has had Dr Jameel Kaderbhai for a period of months to assist Dr Bala. Dr Jameel is soon to leave and the Unit will be seeking another Oral Surgeon.

During this financial period we had some staff leave which created vacancies within the Unit.

VAHS said farewell to Gillian (Jill) Wells, the Dental Therapist and to Nakita Kelly, dental Nurse trainee who has decided to take up a new career path. The Unit congratulates and acknowledges Sarah Flynn on the completion of her Certificate 3 in Dental Assisting. The Unit also congratulates Dr Lovedeep Kaur on successfully completing her ADC exams and is now one of our practicing Dentists.



## Statistics

There has been an increase in the number of patients seeing the visiting Oral Surgeon Dr Balanand Subramanian.

Over this period we saw a total of 5019 patients for a variety of treatments. It needs to be noted that on some days the Unit was short staffed. Each year The Unit is increasing in the Oral Health patients - below is a snapshot of patients attending the Unit this year.

	Sex	Under 5	5-9 Years	10-14 Yrs	15-54 Years	55-64 Years	Over 65 Years	Total
Aboriginal	Female	36	139	124	1495	221	80	<b>2100</b>
Aboriginal	Male	43	160	120	925	133	34	<b>1415</b>
Non-Aboriginal	Female	-	-	-	119	40	22	<b>181</b>
Non-Aboriginal	Male	3	1	-	190	55	21	<b>271</b>
Unknown	Female	-	-	2	3	-	-	<b>5</b>
Unknown	Male	-	1	-	4	-	-	<b>5</b>
	<b>Total</b>	<b>82</b>	<b>301</b>	<b>246</b>	<b>2736</b>	<b>449</b>	<b>157</b>	<b>3977</b>

## Highlights

### Memo of Understanding

The Unit continues to work with, and support its Memorandum of Understanding with the Royal Dental Hospital Melbourne.

### Incarcerated Patients

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

### Health Promotion

Part of the Unit's health promotion strategy is to provide each patient with oral hygiene instructions and essential hygiene products to maintain their health care. Items such as toothbrushes, toothpaste, floss, mouth rinse and pamphlets are handed to patients who require them or who attend their first appointments with the Dentist or the Dental Therapist.

The Unit support other units in VAHS and responds to requests for health promotion material from other Aboriginal organisations.

The Unit, on request provides outreach screening, information sessions to VACCA playgroups, High School students, the annual BWAYS 3 on 3 Basketball Tournament, NAIDOC events, VAHS health screening events, Open days of other organisation's and many more.

### Dr Chris Fredericks, OAM

I would like to congratulate Dr Christopher Fredericks on receiving the Medal (OAM) of Australia for his services in the field of Dentistry and in rural and remote areas (in the Aboriginal community). Dr Fredericks or Chris as we know him, was employed as the Senior Dentist of VAHS since 1980. He was the Manager of the VAHS Dental Van for 10 years, and was instrumental the planning and building of the VAHS Mobile Dental Van (1989) and the Dental Bus (1985). He was the longest serving VAHS staff member before retiring.

Chris was responsible for the planning and delivery of dental services and education to Aboriginal communities throughout the State and in remote communities outside of Victoria.

He is instrumental in developing policies and procedures to maintain infection control standards and conducted surveys of Aboriginal health needs in Victoria and South Australia.



Dr Chris Fredericks

### Training and Study Experience

Continually, the Unit receives enquiries to host students on work experience or students studying for the Bachelor of Health. Interest is also received from Dentists seeking employment at VAHS. Several request have also come from volunteers to observe our staff in practice to help them with their Australian Dental Council exams for overseas trained dentists.

We had many staff attending specific training and professional development programs some of which were; Shaygne Hamilton commenced her Cert 3 in Dental Assisting at RMIT, Infection Control seminars, Chair-side Medical Emergencies and CPR, CPD course through the Royal Dental Hospital Melbourne, Oral Surgery Course.

In the latter part of the year, Christine Ingram took on the VAHS Acting Deputy CEO role and Theresa McNally took on the Acting Oral Health Manager role.

### External and Internal Committees/meetings

The (Acting) Oral Health Manager has continued to be an active participant on the following external committees and groups on behalf of the VAHS.

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

### Internal meeting

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

Christine is also an active member on the Board of Directors of the National Aboriginal and Torres Strait Islander Health Workers' Association.

### Future Plans

The Oral Health Unit has undergone a significant change with the implementation of the electronic Dental records software program. This will benefit VAHS going into the future. Although there are some teething issues, the Unit is continually working towards fixing these issues.

# Men's Health Unit

## Introduction

In my report for the last Annual Report the Men's Unit has four positions - two full-time and two part-time employees. The Unit members all worked as a small but close team with a good mix of age, experience, skills and personalities.

Everybody is important in this team. The staff worked well with the many challenges that came their way and the transparency and respect they apply to our clients, the stakeholders and between ourselves goes a long way towards the Unit progressing its aims and objectives.



Alan Brown,  
**Manager**

## Profile

### Referral Process – The L17s

Although the referral process to the Men's Unit is relatively simple, (self, internal, external agency or court / corrections) by far the most referrals continue to be as a result of the family violence "L17s" we receive from the Western and Northern Metropolitan Men's Active Referral Services (MARS), for example the Djerriwarrah and Plenty Valley Community Health Services.

## Staffing

Manager	Alan Brown
Family Violence Counsellor	John Byrne
Family Violence Case Manager	Kaelun Brown

## Statistics

As mentioned above, the L17 is made up of a police report on a family violence occurrence. For the VAHS Men's Unit all L17s referred by the MARS Centres are from those that have identified or have been identified as an Aboriginal or Torres Strait Islander i.e. every Police Station from the City to out west to Werribee and the City through to Whittlesea sends every family violence L17 to these MARS Centres.

Some general info on the L17s is:

- VAHS has received over 150 L17s,
- The uptake on further engagement with Unit and/or for counselling is either a strong "yes" and positive work or a definite "no". We have found there is little, to no, in-between,
- The majority of L17s are in the Northern Suburbs,
- The majority being violence against partners; some are against siblings, and occasionally against a parent or grandparent, or other family member,
- Many are a breach of an intervention order,
- Over half are repeat, and some are recidivist,
- Some have been transferred to the "Police Family Violence high risk group"
- At times, children were witnesses.

One of the most damning statistics to come from the L17s is that 100% of these have the boxes ticked "under the influence of alcohol and or drugs". Clearly this is an area of opportunity that VAHS and the Men's Unit should seek to incorporate when working with men regarding alcohol and/or drug use.

The Unit also continues to receive referrals via the Courts and or the Office of Corrections. These are more formal as the "client" has agreed, or has been instructed to, engage with the VAHS Men's Unit.

The Men's Unit also receives quite a few calls from mums, partners, grandmothers, aunties about the behavior of a male family member. The Unit feels that it is appropriate that women in our community feel safe to contact us and to discuss issues of concern especially relating to actual, or potential violence.

Notwithstanding the well-being of the families affected by the violence in the home, working in this area does take its toll on Unit staff. Unit staff are discovering that they need to implement debriefing and well-being to support themselves and others in the Unit. Some of the narratives we get on L17s are challenging, and are charged with emotion.

## Future Plans

The Men's Unit is quite specific in regards to the work it can do. The Unit is solely funded by the Department of Human Services to work in the area of family violence. In many ways we are limited and cannot meet all expectations. We have however ensured that what we can't do, there would be another area of VAHS, or an external provider, that fits the bill.

There are two major areas of change for the Men's Unit which will occur in the near future.

### • Incarcerated Patients

We have all but agreement from the Department of Human services to use an amount of finance "tagged" as Men's Unit unspent monies for the purpose of VAHS and Men's Unit development.

### VAHS and Men's Unit Development

The key area of this development is to engage a person or company to develop and deliver, in consultation with local Aboriginal men, a Men's Unit Policy and Health Strategy for ALL of VAHS, and more specifically the Men's Unit.

It is expected that this will be built by a methodology of consultation ranging from the individual, to the group. The Unit also sees that this would involve all areas of the male demographics, including those at risk, those with health issues, Elders, young males, those that work, Gay men, and those who are isolated from the community, to name a few.

The final project plan for this will be developed in line with what we expect to be Departmental Agreement to use the funds for this work.

As part of this new development the Unit also anticipates incorporating the Unit brand of "URBAN DJARMBI".

This image and heading are a recognition that VAHS and the males we work with are in the City environment. Therefore the work we do should reflect the challenges and opportunities that present in this environment. Included in this is a new concept we hope to develop a project called "health warriors".



We know that men are not big attendees at health services, and Koorie men are no different. Therefore we need appropriately trained and resourced men in our community to become "health warriors" and take our service to where men are, including in the family home.

There are emerging male health matters that we ignore at our own peril; this includes matters from getting an Adult Health Check through to the more specific male health issues that we can talk to men about.

### • Men's Unit to become standardized

As part of Departmental funding, there are new requirements for grant recipients to develop and implement a set of "standards". These are similar to what our clinic, dental and HACC areas already do. The requirements will take a little time to develop, however with the support of the VACCHO and VAHS management we feel we can introduce these into our working structure.

# Koorie Co-Ordinated Care

## Introduction

I would firstly like to acknowledge that I live and work on the lands of the Wurundjeri people of the Kullin Nation. I pay my respects to our Elders past and present and thank them for their contribution to this project.

I would like to also thank the staff of our partner organisations and community members across the North/North West regions who are contributing to making the Koorie Coordinated Care a successful partnership model.



Joanne Atkinson,  
Koorie Coordinated Care,  
**Partnership Manager**

## Profile

### *Koorie Co-Ordinated Care (KCC) ~ An Aboriginal Partnership Model*

The Koorie Co-ordinated Care 'An Aboriginal Partnership Model' is a partnership approach to develop and test a model of collaboration and co-ordinated service delivery which enables Aboriginal health and community services organisations to provide better support to our most vulnerable clients and their families, developing a culturally appropriate approach to Aboriginal co-ordinated service delivery.

The core principles informing the project are:

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

Key to point four is developing and strengthening our intake and referral processes across our five Koorie partner organisations which support client and family-centred care, and improve links to the broader service systems.

Key elements initially being tested include:

- Strengthening organisation intake and referral processes and practices.
- Processes which facilitate interagency collaboration and greater client involvement in care planning.
- The implementation of an electronic Service 2 Service e-referral system (Infoxchange s2s) which will strengthen the referral process.
- Ensuring client confidentiality standards and related client advisory documentation.

## Partner Organisations

The project partners are the:

- Victorian Aboriginal Health Service (VAHS),
- Aborigines Advancement League (AAL),
- Victorian Aboriginal Community Services Association Limited (VACSAL),
- Aboriginal Community Elders Services (ACES),
- Victorian Aboriginal Child Care Agency (VACCA),
- Victorian Department of Health (DoH)



Representatives of 5 Koorie organisations  
attending the training course

***"This is a specially designed Accredited  
Aboriginal Co-ordinated Care training package  
to enhance the skills and experience of our  
staff across the five organisations".***



## KCC Training

To support staff and strengthen the intake and referral practices we have developed, in partnership with the Victorian Aboriginal Community Services Association Limited (VACSAL), a specially designed Accredited Aboriginal Co-ordinated Care training package to enhance the skills and experience of our staff across the five organisations.

The first group of 20 staff participating in the KCC Training recently completed 6 days of in-class training and are currently completing a practical case study as part of their accreditation assessment requirements.



Course Attendees



Course Attendees

Staff completing the assessment will have completed four units giving them a pathway to a certificate III, IV or Diploma in Community Services. These are:

- CHCCM402E Establish and monitor a case plan - Nominal hours: 50
- CHCCS422B Respond holistically to client issues and refer appropriately - Nominal hours: 65
- CHCCOM302D Communicate appropriately with clients and colleagues - Nominal hours: 20
- HLTHIR404D Work effectively with Aboriginal and/or Torres Strait Islander people - Nominal hours: 20

## Specialist Case Management Practitioner

A specialist case management practitioner has been engaged to support staff across our five organisations to complete their assessment requirements and to assist them to identify and strengthen gaps in their day to day roles and organisational practices.

## Future Plans - KCC Graduation

A graduation event has been flagged for March 2015 for this inaugural class in line with our second round of KCC training. Feedback from all students has been positive. It is a great course and I encourage staff across our organisation to enrol in our next course which will be held in March 2015.

Don't hesitate to come and see me or Don if you want to enrol in our 2015 course.

## Highlights

### Communication Strategy

Now that we have completed the first round of KCC training and have implemented the S2S system across the five organisations, we will promote the KCC model across the Koorie community. Client confidence in the model is critical.

Communication with other Koorie and mainstream organisations about the project and the more co-ordinated approach to service delivery that the Koorie Coordinated Care model can deliver, is ongoing.

## Evaluation

Project Evaluators have been engaged to monitor and report on the action research process and associated outcomes. The project evaluators are monitoring work process and other procedural change impacts of the project and will provide a final report to the KCC Steering Committee in March 2015.

## Sustainability of the KCC model

Delivering improved outcomes for vulnerable clients and families and raising community awareness and ownership of the KCC model is the key to the long term sustainability of this partnership approach.

The appreciable change in work practices which is beginning to emerge is expected to consolidate over the next three to six months as staff and organisational confidence in the KCC model is reflected in work place practices.

On the 13th of November the staff enrolled in the KCC Training presented back to the group their case studies and demonstrated the work they were doing in their organisations to implement this change management system and strengthening their intake and referral processes.

## Want to Contact Us?

If you would like more information on the Koorie Coordinated Care Model, S2S or would like to participate in the 2015 KCC Training, please don't hesitate to contact Don or myself.

### Don Stewart

Koorie Coordinated Care Model Pilot  
Project Worker  
M: 0408 605 998  
E: defordon@gmail.com

### Joanne Atkinson

CtHG Partnership Manager  
North and Western Metro Region  
M: 0478 818 011  
E: joanne.atkinson@vahs.org.au



Jane Hall, Joanne Atkinson, Don Stewart

**On behalf of CLOSE THE GAP**

# Regional Tackling Tobacco and Healthy Lifestyles

## Introduction

The up-skilling of team members is a key component of program delivery and there is still a focus on training and building the capacity of the workforce.

The Healthy Lifestyle Team continues to build the brand of the Unit promoting healthy promotion messages on the Unit's vehicles, the VAHS Smoke-free Tram and the sponsorship of large local Aboriginal sporting clubs. The team also successfully partnered with local and state-based organisations to promote tobacco cessation and healthy lifestyles key messages. Some of these organisations include Quit Victoria, VACCHO, Northern Health Foundation, Medicare Locals, Plenty Valley Community Health, City of Whittlesea, YMCA, The Long Walk and the Essendon and Richmond Football Clubs. The team continued to build on the momentum of the fun runs with participation levels high for the Melbourne Marathon and the Unit being a major partner at the VAHS Northern Health Foundation Fun Run event.



Laura Thompson,  
**Regional Co-ordinator**

## Unit Profile

The VAHS Regional Tackling Tobacco and Healthy Lifestyles Team is one of sixty teams nationally. The team aims to tackle chronic disease factors and risk factors including smoking, poor nutrition and lack of exercise, and to deliver community education initiatives to reduce the prevalence of these risk factors in Aboriginal and Torres Strait Islander population.

The team also facilitates culturally secure community education, health promotion, social marketing activities to promote quitting, smoke free environments and encourages healthy lifestyles in the community.

The programs have preventative and population health focus and are active in providing healthy lifestyle programs which promote exercise and healthy eating to the whole of the Aboriginal and Torres Strait community. The Unit has also developed smoke-free and healthy catering policies to create supportive health environments at VAHS and in the Community. This program is funded for a three-year period by the Department of Health and Ageing. The funding contract ceases at 30 June, 2014.

## Facebook and Twitter

The VAHS Healthy Lifestyle Team has both Facebook and Twitter accounts. The Facebook page has been a great success with an increase of 600 likes over this reporting period.

## Staffing and Training

Staff recruitment focused on attracting a workforce from the local Aboriginal community and the staff appointed had a strong cultural connection with the Aboriginal community however, healthy lifestyles and tobacco cessation were new areas of work for some staff. Some of the training undertaken included a Cert IV in Aboriginal Health Worker Training (VACCHO), Centre for Excellence in Indigenous Tobacco Control (CEITC) Training, Cert IV Community Development and Leadership training with Kangan TAFE, No Smokes Training (Menzies Institute) and Road to Good Health Training delivered by Diabetes Victoria.



The next generation of healthy lifestyle rolemodels attending these events with their families.

L-R Rose Stewart, Kanoa McGrath  
& Charlie Williams

Regional Coordinator	Laura Thompson	
Health Lifestyle Workers	Kelli McGuinness Jnr	June 2012 - Current
	Greg Semmler	June 2012 - Current
Tobacco Action Workers	Julie Phillips	July 2013 - Current
	Brodie Cook	Part-time
	Ben Harper	July 2012 - July 2014 (casual)

## Statistics

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

The VAHS Healthy Lifestyle:

- Delivered thirteen presentations with a focus on youth
- Held twenty-six community events
- Delivered new thirteen programs this is on top of existing programs
- Attended sixteen events to deliver health promotion information and set up our marquee or table.

In summary a list of events and activities follow:

Date 2013/2014	Mode of delivery	Details
4 July	Presentation	Smoking Cessation & Healthy Lifestyles presentation at Richmond Football Club Korin Gamadji Institute Youth Real Camp
10 July	Event	VAHS NAIDOC Open Day Health promotion marquee and bike riding challenge
11 July	Presentation	Smoking Cessation & Healthy Lifestyles presentation at Richmond Football Club Korin Gamadji Institute Youth Real Camp
12 July	Event	NAIDOC March Healthy breakfast, survey, Deadly Dan and major sponsor of NAIDOC March T-shirt with a smoke free message
21 July	Event	VAHS enters a team at the Age Fun Run with Family Violence Legal Prevention Service
24 July	Program	6 week boot camp starts at Thomastown Recreation Aquatic Centre
15 Aug	Presentation	Childhood Obesity parent information session at Yappera
1 Sept	Program	Fun run training commenced at Edward Park Lake (6 weeks)
2 Sept	Program	City of Darebin Lift for Life program commenced at Reservoir Sports Stadium (6 Weeks)
3 Sept	Presentation	Mercy Hospital smoking cessation presentation to pregnant women
12 Sept	Event	R U OK? Day Walk from VAHS Preston to VAHS Fitzroy
19 Sept	Presentation	VACCA Living Loud and Deadly: Koorie Youth Leaders in Action (KYLA) smoking cessation presentation to youth
23 Sept	Presentation	Healthy Lifestyle Seminar about diabetes with Mandy Williamson after BEAT it Training
2 & 3 Oct	Health Promotion	Health promotion marquee at jnr Football /Netball carnival
2 Oct	Presentation	Richmond Football Club Korin Gamadji Institute Youth Real Camp smoking cessation and healthy lifestyles presentation
12 Oct	Event	Pre marathon dinner at La Porchetta Reservoir
13 Oct	Event	VAHS Healthy Lifestyle Team entered at Melbourne Marathon fun run
17 Oct	Presentation	Childhood nutrition workshop at Bubup Wilam
26 Oct	Health Promotion	Health promotion marquee at Wominjeka Festival at AAL
28 Oct – 1 Nov	Health Promotion	QUIT table at VAHS Fitzroy
28 Oct	Health Promotion	Health promotion at Sisters Day in South Morang
4 Nov	Program	Yoga starts at Bubup Wilam every Monday 6pm-7pm
6 Nov	Program	Smoking hypnotherapist sessions for VAHS staff
13 Nov	Program	Quit clubs starts at Minajalku

22 Nov	Event	Yappera Walkathon with Kinder children and Healthy Lifestyle Team
29 Nov	Event	Bubup Walkathon with Kinder children and Healthy Lifestyle Team
30 Nov	Event	VAHS 40th Anniversary Family Day physical activity and health promotion marquee
1 Dec	Event	Diabetes Fun Run with Fitzroy Stars players around Botanical Gardens
5 Dec	Event	Smokes and Jokes Comedy Show 12:30 VAHS Fitzroy.
5 Dec	Event	Smokes and Jokes Comedy Show 7pm Dandenong (Drum Theatre)
6 Dec	Health Promotion	Whittlesea Christmas Party 4pm-6pm
8 Dec	Event	Bubup Family Pool Party at TRAC
11 Dec	Health Promotion	Bubup Wilam kids party- Presentation of Coach Kelli/Ben awards & video
12 Dec	Health Promotion	Yappera Kids Graduation – Presentation of Coach Kelli/Ben awards & video
12 Dec	Event	Smokes and Jokes Comedy Show 12:30 VAHS Preston
12 Dec	Event	Smokes and Jokes Comedy Show 7pm Rumbalara Football Netball Club
18 Dec	Event	Final yoga celebration lunch – staff supplies healthy meal and recipe
19 Dec	Presentation	Presentation (healthy lifestyles & tobacco cessation) to Real Camp KGI Richmond Football Club
<b>Date 2014</b>	<b>Mode of delivery</b>	<b>Details</b>
6-10 Jan	Health Promotion	Quit table at VAHS
19 Jan- 15 March	Program	Tough Mudder Training 9:00am at Edwards Lake Reservoir begins
23 Jan	Program	Mum's and Bubs Classes started at VAHS Preston every Thursday 2:00-3:00pm
29 Jan	Program	VAHS HLT exercise class at AAL started every Wednesday 4:00-5:00pm
3 Feb	Program	New Over 40's class started every Monday 12.20pm – 1.00pm
Feb 13, 17, 20, 24, 27, 31 March 3, 7, 14	Program	Smoking Cessation Hypnotherapy - VAHS Preston Site
March	Program	March against Gambling
25 Feb	Event	Surfing Come-Try Day – Bancoura Beach (Torquay)
5 March	Event	Lunch time Motivational Speaker Luke Atkins - VAHS Preston Site
8-9 March	Health Promotion	VACSAL Bill Muir Basketball Carnival (Reservoir)
15 March	Event	Golf 'Come and Try' Day (Bundoora)
16 March	Event	Deanna Blegg training session and motivation talk (Edwards Lake)
22 March	Event	"Tuff Mudder" event (Phillip Island)
17 - 21 March	Health Promotion	Quit Table at VAHS Fitzroy site
30 March	Event	Canoe 'Come try' Day (Fairfield)
8 April	Health Promotion	VAHS Back to School Day
9 April	Presentation	KGI Richmond Football Club healthy lifestyles presentation
12 April	Health Promotion	Health promotion marquee at Fitzroy Stars 1st Game (AAL)
14 – 17 April	Program	HLT work as part of VAHS Yappera School Holiday Program
16 April	Health Promotion	HLT attend Melton "Join the Dots" Community Day
27 April	Event	VAHS Northern Health Community Fun Run
26-30 May	Health Promotion	QUIT Table (VAHS Fitzroy)
25 May	Event	'Come and Try' Rock climbing event
28 May	Presentation	Deadly Health Day with VACCA (Reservoir High School)
31 May	Event	The Long Walk/Dreamtime at the G Richmond vs Essendon match. Major sponsor of the Long Fun Walk and Wellbeing Concert.



19 June	Presentation	ICE Presentation to Fitzroy Stars Football Club
24 -26 June	Health Promotion	NACCHO Summit (Melbourne Convention Centre) Exhibition Booth
25 June	Presentation	'Get off your Moom' NACCHO Summit Healthy Lifestyle presentation – VAHS Smoke Free Tram Key Note Presentation
29 June	Event	Come and Try Hiking 1000 Steps
30 June	Health Promotion	Health promotion table Sunbury Community Day (Sunbury Memorial Hall)

## Achievements and Highlights 2013 - 2014

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

### The Melbourne Marathon VAHS Healthy Lifestyle Team

VAHS entered its second team in the Melbourne Marathon in October 2013 and doubled the number of participants from the previous year despite the miserable Melbourne weather. Last year, we had 45 participants and 1 marathon runner. This year's event had 101 runners including 6 marathon runners. VAHS provided community support with the development and implementation of training plans for the run and the providing training Sunday mornings in the lead up. SBS created a documentary on Charlie William's life journey that led to the Marathon event <https://www.youtube.com/watch?v=Xuledyc9rCA> (YouTube: Victorian Aboriginal Health Service VAHS Healthy Lifestyle Team Melbourne Marathon).



Photo 1 (L-R) Muthmana Sinnappan, Troli Ilsley, Tahrina Austin, Lowana Moore, Bronson Ilsley, Wanda Wellington, Jamaica Ilsley, Terrell Wellington, Kyle Wellington, Troy Austin, Kiewa Austin-Rioli

Photo 2 (L-R) Denise McGuinness & Julie Phillips

Photo 3 (L-R) Arika Waulu, Lidia Thorpe, James Williams, Denise McGuinness

### The Essendon Football Club Long Walk World No Tobacco Day

The Long Walk as part of its 10th Anniversary held a Long Walk Fun Walk (3.2km) at King's Domain Gardens followed by a Wellbeing Concert at the Sidney Myer Music Bowl. The Long Walk 10th anniversary also coincided with World No Tobacco Day (31st May 2014) so the VAHS Healthy Lifestyle Team came on board as the principal sponsor of The Long Walk. As part of this sponsorship arrangement the Healthy Lifestyle Team received 200 Community Dreamtime Walker tickets for Community members to attend the fun walk, wellbeing concert, walk onto the MCG and watch the Dreamtime AFL Game. The Healthy Lifestyle Team also set up their health promotion marquee at the concert and placed their health lifestyle message boards along the walking track.





Photo 1 Medika Bonney & Laura Hudson



Photo 2 Laura Thompson & Deadly Dan (aka Greg Semmler) at the Long Walk Fun Walk



Photo 3 Healthy Lifestyle Marquee with Kylie Belling at the Well-being Concert

#### VAHS Northern Health Community Fun Run

The VAHS Healthy Lifestyle Team was a major partner of the Northern Health Community Fun Run in April 2014 along with the YMCA and City of Whittlesea, this sponsorship arrangement allowed for VAHS to showcase Aboriginal culture through a range of performances along the running track and a festival at the end. This was a landmark event because it had our highest participation of Aboriginal Community members and the event celebrated Aboriginal health and culture within the City of Whittlesea.

- 1200 people attended fun run - 234 (plus children) were VAHS Staff and Aboriginal Community members. 675 Healthy Lifestyle Fun Run shirts were distributed.
- All Indigenous entertainment including a Welcome to Country, MC and targeted social marketing materials.
- Evaluation was through the Northern Health Foundation online survey to give feedback on the Fun Run and a short documentary of the event and partnerships created with Kimba Thomson (Sista Girl Productions) <https://www.youtube.com/watch?v=JkFG-ugLJvU> (You Tube: Victorian Aboriginal Health Service VAHS Healthy Lifestyle Team Northern Health Community Fun Run).
- 2 community case studies digital stories from the Fun Run were also created by Sista Girl Productions:
  - Digital story one: Darryl Smith [https://www.youtube.com/watch?v=jUTQ8r\\_IY4Q](https://www.youtube.com/watch?v=jUTQ8r_IY4Q) (YouTube: Darryl Smith's Journey Victorian Aboriginal Health Service VAHS Healthy Lifestyle Team)
  - Digital story two Shelley Chapman <https://www.youtube.com/watch?v=B-RFvjmbF4c> (YouTube: Shelley Chapman's Journey VAHS Victorian Aboriginal Health Service Healthy Lifestyle Team)



VAHS Northern Health Community Fun Run Event

### VAHS Smoke Free Tram

Melbourne's 86 Bundoora tram has undergone a makeover as part of the Victorian Aboriginal Health Service's (VAHS) Tackling Tobacco Team's landmark 12 week campaign to encourage Aboriginal and Torres Strait Islander smokers to kick the habit in partnership with Quit. The VAHS Smoke-Free tram was designed by Yorta Yorta and Gunai man Dixon Patten and the photography was from James Henry. This tram travels through the northern suburbs of Melbourne where a large population of Aboriginal Victorians live and features local Aboriginal respected role models including: Aunty Beryl Booth, Denise McGuinness, Kasey Edwards, Kylie Belling, Reg Thorpe, Jungala Ellis, Willun Thorpe, Tjagen Egan and Mara Lovett-Murray.

The campaign started on June 2, 2014 until 24 August 2014. The campaign is designed to promote anti-smoking attitudes in the Melbourne Aboriginal community. Some of the messages the campaign will touch on are:

- passive smoking, especially around children
- smoking while pregnant
- smoking in Aboriginal homes
- quitting smoking to set an example
- quitting for health reasons
- young people's attitudes towards smoking

The VAHS Smoke Free Tram was officially launched on the June 1 and NITV produced a short news clip <https://www.youtube.com/watch?v=Mv8890xavv0> (YouTube: VAHS Healthy Lifestyle Team Quit Smoke FreeTram #VAHStram). An evaluation of the impact of the VAHS Smoke free tram as a health promotion tool will be conducted in September, 2014.



VAHS Smoke Free Tram



Aunty Beryl Booth featured on the VAHS Smoke Free Tram

### Team Sponsorships

The VAHS Healthy Lifestyle Team sponsored the Fitzroy Stars Football and Netball Clubs. The sponsorship arrangement included the production of pre-season training singlets, guernseys, four information dinners sessions and a community Frisbee match. We also sponsored the Melbourne Stars Junior Basketball Club and supported the development of a new team the VAHS Healthy Lifestyle Angels Junior Netball Team. A teenage fitness class has been created after school to increase the netball team's fitness. The team sponsorships allows for the Healthy Lifestyle Team to add value to the existing healthy lifestyle activities that are led by the Community.



Fitzroy Stars Warm up Guernsey  
(L-R) Shannon Turner, Alan Brown,  
Kaelun Brown



Fitzroy Stars Footballers participating  
in the VAHS run team  
(L-R) Jai Burns, Alboy Norries,  
Kaelun Brown, Carl Peterson, Josh  
Wanganeen



VAHS Healthy Lifestyle Angels Junior Netball Club  
(Back L-R) Anita Firebrace, Taleah Briggs,  
Courtney Bowden, Natarsha Atkinson-Briggs,  
Kiahni Atkinson Brown, Lesley North  
(Front L-R) Kiewa Austin-Rioli, Simone Burrridge,  
Shania Austin, Maddison Burrridge, Erin Norris-Kelly



## Timetable Classes

The Healthy Lifestyle created its first timetable with over 20 community physical activity programs. These classes are located at VAHS Fitzroy, VAHS Preston, AAL, VACSAL, MAYSAR, Bubup Wilam for Early Learning, Yappera Children's Services and Thomastown Recreation and Aquatic Centre. Some new classes include Japanese Meditation, Over 40's and a Youth Fitness Class.

  <b>VAHS Healthy Lifestyle Team Timetable</b> Feb-June 2014					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SUNDAY
			11:30-12:30pm Gentle Gym for Elders Venue TBC Contact: community programs at VAHS 3403 3300 GREG	10am – 11am Community Fitness Class MAYSAR Gertrude St Fitzroy BEN	9am -10am Tough Mudder Training Edwards Park Lake Reservoir (Steam Train) 26 Jan-16 March GREG/TAMMY
12:20 - 1:00pm Over 50s Club training VAHS Preston 238-250 Plenty Rd, Preston BEN			12:00 -1:00pm (2 x 30 mins sessions) Japanese Meditation VAHS Fitzroy 186 Nicholson St, Fitzroy PAUL		9am – 10am Fitness Training Edwards Park Lake Reservoir (Steam Train) Starting 6 April – 29 June TAMMY
1:00-1:40pm Exercise class VAHS Preston 238-250 Plenty Rd, Preston BEN	1:00-1:40pm Cardio Exercise Class VAHS Fitzroy 186 Nicholson St, Fitzroy GREG	1:00-2:00pm Relaxation Yoga VAHS Preston 238-250 Plenty Rd, Preston JEANNIE/GREG	1:00 - 2:00pm Women's only Exercise Class VACSAL 496 High St, Northcote GREG	12:00-2:00pm Tennis VAHS Fitzroy 186 Nicholson St, Fitzroy GREG	
3:45 - 4:30pm Teenagers Fitness Class VAHS Preston 238-250 Plenty Rd, Preston BEN		4:00-5:00pm Fitness Class AAL 2 Watt St, Thornbury GREG	2:00 - 3:00pm Mum & Bubs Fitness Class VAHS Preston 238-250 Plenty Rd, Preston BEN		
6:10-7:10pm Relaxation Yoga Bubup Wilam 76 Main St, Thomastown JEANNIE/LAURA		7:00pm-8:00pm Group Personal Training Thomastown Recreation & Aquatic Centre (TRAC) 52-54 Main St, Thomastown ASH/DIANNE			
For more information  9403 3300  <a href="mailto:HLT@vahs.org.au">HLT@vahs.org.au</a>					



VAHS Healthy Lifestyle Team Come Try Surf Day event



Tyson Lovett-Murray and Julie Phillips at the VAHS Quit Table at VAHS Fitzroy



VAHS Tough Mudder Team

(Back L-R) Leanne Baksh, Julie Phillips, Rhianne Hood, Chicka Turner, Tammy Turner, Laura Thompson, Caine Muir

(Front L-R) Meriki Onus, Lidia Thorpe, Paul Stewart, Greg Semmler



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

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**FINANCIAL REPORT**  
**FOR THE YEAR ENDED 30 JUNE 2014**



## **DIRECTORS' REPORT**

Your directors present their report on the Co-operative for the financial year ended 30 June, 2014.

The deficit amounted to \$345,800 (2013 surplus: \$170,813). Some significant costs incurred during the year contributed to the deficit notably the 40th Anniversary celebrations and investment in improved governance and processes. Notably these investments also identified that the prior year surplus was actually incorrectly stated as some transactions were incorrectly recorded, however the Board is now confident these types of errors are unlikely to recur largely due to the investments and improvement made across VAHS in terms of systems and processes.

No dividends have been paid or recommended during the year. During the year 11 shares were issued (2013:58 shares)

No person has applied for leave of Court to bring proceedings on behalf of the Co-operative or intervene in any proceedings to which the Co-operative is a party for the purpose of taking responsibility on behalf of the Co-operative for all or any part of those proceedings. The Co-operative was not party to any such proceedings during the year.

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

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

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

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

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

Total grant revenue increased by \$868,214 (8%) to \$11,644,900; the increase was largely due to the use of unexpended grants of \$927,606 during the year. No significant changes in the state of affairs occurred during the financial year.

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

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

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

During the period VAHS celebrated its 40th Anniversary commencing at the opening of the new Preston site, incorporating a series of Community focussed events and culminating in a coming together at the South Wharf on the Yarra on 29 March 2014.

The Board responded to Community expectations to ensure VAHS has strategic and operational plans in place combined with robust systems and processes to support the previous and expected growth of VAHS and delivery of health and wellbeing services by engaging VACCHO to support enhanced governance processes and the development of strategies; engagement of KPMG to review financial systems and processes. These initiatives combined with the recruitment of a new CEO in November 2013, CFO in April 2014 and ongoing commitment of a dedicated team of staff provide a strong pathway for a commitment to continuous improvement always focussed on improving outcomes in health and wellbeing for the Community.

During the year, the Board had also seen some changes to its membership and its executive. Jill, Kelvin, Peter and Tony ceased as directors during the year and their service is acknowledged. Three new Directors, Alan, Brad and Troy were elected at the AGM.

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

Troy Austin	Troy is a Gundiṯjmara man, born and raised in Melbourne. A former Chairperson of ATSIC's Tumbukka Regional Council s and former Victorian ATSIC Commissioner. During his career he has been actively involved in community organisations and was formerly CEO of the Fitzroy Stars Aboriginal Community Youth Club Gymnasium, Chairperson of the Victorian Aboriginal Youth Sport and Recreation and continues his involvement in aligning improved health outcomes with sporting involvement evidenced through his involvement with the Fitzroy Stars Football Club, former President and current role as Chairperson of Melbourne Aboriginal Youth Sport and Recreation. He has also served on numerous committees and working groups dealing with Indigenous issues in Victoria including the Victorian Aboriginal Family Violence Taskforce, the Premier's Aboriginal Advisory Committee. Troy is currently the Executive Officer of the North Metro Regional Aboriginal Justice Advisory Committee in the State Government's Department of Justice and is committed to improving justice outcomes for the Koori community.
Lynette Briggs	Lynnette is a proud Wiradjuri Yorta Yorta woman who has over 35 years experience in the Aboriginal health field. She joined VAHS in 1984 as a clinical health worker and worked in a number of senior positions before leaving in 2008 as manager of the Women's and Children's Unit. She has been a past board member of a number of Aboriginal Organisations, Elizabeth Hoffman House Women's Refuge, VACCA and Yappera Children's Services. Lynnette has worked as a project officer with Mercy Health New Directions Program and is currently working as manager at the Aborigines Advancement League Neighbourhood House Gurwidji.
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.

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

Brad Brown	<p>A proud Gunditjmara man Brad has worked in the Melbourne Aboriginal Community all of his life including 22 years as an Aboriginal Health Worker at VAHS and at various levels of management positions including his current role as Regional Tobacco Coordinator at VACCHO. Brad has a particular passion in reducing smoking levels in the Aboriginal Community and fills a national and state representation role in support of this aim. This includes driving towards better chronic disease management, empowering the Aboriginal Health services and preventative approaches.</p>
Jill Gallagher	<p>Jill Gallagher AO is a Gunditjmara woman from Western Victoria who has worked within, led and advocated for the Victorian Aboriginal community all her life. Since 1998 this has been through the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Jill has been the CEO of VACCHO since 2001 and her work was instrumental in achieving bipartisan support for the vital 'Statement of Intent' signed by the Premier in August 2008 on behalf of the State Government to 'Close the Gap' in Aboriginal life expectancy. Prior to her work at VACCHO, Jill was a member of the Museum of Victoria and worked for the return of Indigenous skeletal remains and Indigenous cultural property.</p>
Michael Graham	<p>Michael Graham has been part of the Melbourne Aboriginal Community all of his life. He has worked in Community organisations for over 20 years. Michael now works as a Koori Education Officer for the DEECD and is passionate about improving outcomes for his people.</p> <p>Michael has been the Chairman of Fitzroy Stars Aboriginal community youth club gymnasium, and a Director of Victorian Aboriginal Youth Sport And Recreation Co-operative Limited.</p> <p>A number of organisations for whom Michael has worked within the Aboriginal Community are VACCA, VAEAI, VAHS, VACSAL, VALS.</p>
Tony McCartney	<p>Tony has worked in Aboriginal Affairs for over 30 years in youth, housing, employment and health. This includes senior executive roles in local, regional and national Aboriginal organisations. Tony has considerable knowledge and experience in governance and is a qualified trainer and facilitator. Tony has qualifications in community development business governance and management. Tony works as a teacher at Victoria University. Tony has passion for empowering individuals to achieve or reach their goals.</p>
Kelvin Onus-King	<p>Kelvin has been involved with Aboriginal Health for over 35 years. He has been involved in the establishment of many Aboriginal community controlled health and dental services. He has a degree in Community Development at Victoria University and has a particular interest in men's health, oral health and age care.</p>
Peter Rotumah	<p>Since 1973 Peter has worked in a number of community –controlled organisation including: VALS; Central Australian Aboriginal Legal Aid Service; VACCA;VAHS; Central Gippsland Aboriginal Health and Housing Co-op and Victorian Aboriginal Youth Sport and Recreation Co-operative Limited.</p> <p>In 2003 he joined the Victorian Department of Justice as the Metropolitan Regional Aboriginal Justice Advisory Committee as their Executive Officer.</p> <p>In 2012 he left the department to work as Station Manager for 3KND KoolnDeadly radio, a position he currently enjoys.</p>

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

Alan Thorpe Alan spent 15 years working at Ngwala Willumbong Co-operative Ltd in the capacity of an Alcohol and Other Drugs worker and helped establish the Tiddas Djambi Mentoring Program. Previous to this he worked for 8 years with the Aborigines Advancement League in the Home and Community Care program. Alan was also involved in assisting Swinburne University by co-training the Certificate IV in Alcohol and Other Drugs and Indigenous Family Violence. Alan is currently self-employed with Dardi Munwurro - a program designed to help Aboriginal men and youth to develop their strengths and vision so they can become role models in their communities. Alan's qualifications include a Certificate IV in Alcohol and Other Drugs, Community Development Diploma and Graduate Diploma in Men's Behavioural from Swinburne University.

Karin Williams Karin was with Koori Kolij in 1985 before joining VAHS where she was an Aboriginal health worker for 18 years. She spent 4 years as a Koori youth justice worker with VACSAL/ Bert Williams Aboriginal Youth Service. Karin has been on the Boards of Yappera for over 10 years, Koori Diabetes Service for over 5 years and Fitzroy Stars Gym and MAYSAR for over 3 years.

During the financial year, 13 meetings of directors were held.

Attendances were: Directors' Meetings

<u>Director:</u>	Number eligible to attend	Number of meetings attended
Troy Austin	4	4
Brad Brown	4	4
Lynette Briggs	13	11
Ronald Briggs	13	12
Jill Gallagher	6	3
Michael Graham	13	12
Tony McCartney	2	1
Kelvin Onus-King	10	9
Peter Rotumah	7	4
Alan Thorpe	4	3
Karin Williams	13	12

**Auditor's Independence Declaration**

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

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

Chairperson



Treasurer



Dated this 31 day of October, 2014

**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 2014 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



Kevin P. Adams  
Partner

Hawthorn  
31<sup>st</sup> October 2014

**INCOME STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2014**

	<b>Note</b>	<b>2014 \$</b>	<b>2013 \$</b>
Revenue grants received	2	11,644,900	10,776,686
Other revenue	2	1,547,289	1,754,728
Employee benefits expense		(9,098,948)	(9,027,355)
Depreciation expense	4	(627,613)	(550,805)
Communications expense		(140,918)	(171,633)
Travel and accommodation expense		(99,131)	(104,322)
Medical and dental supplies		(306,971)	(250,598)
Repairs and maintenance		(248,739)	(308,931)
Cleaning expense		(145,534)	(125,486)
Professional and consulting fees		(720,462)	(663,841)
Computer software		(40,385)	(59,915)
Rent		(15,600)	(89,997)
Computer Services		(85,312)	(6,515)
Electricity usage		(191,677)	(74,312)
Program specific expenses		(803,376)	(329,771)
Pharmacy Supplies		(135,920)	(112,327)
Motor Vehicle Expenses		(160,001)	(129,995)
Photocopy and stationery expenses		(85,115)	(80,730)
Rates		(45,386)	(44,574)
Food Supplies		(60,732)	(48,251)
Materials and Stores		(38,535)	(26,960)
Community Canteen and Provisions		(44,803)	(35,855)
Other expenses		(488,212)	(171,630)
Profit on sale of assets		45,381	53,202
Surplus/(deficit)		<u>(345,800)</u>	<u>170,813</u>

The accompanying notes form part of these financial statements.



STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2014

	Note	2014 \$	2013 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents - specific purpose	5	2,252,691	2,420,050
Cash and cash equivalents - other	5	4,783,072	4,901,897
Trade and other receivables	6	261,757	348,357
Other assets	7	87,750	87,750
<b>TOTAL CURRENT ASSETS</b>		<b>7,385,270</b>	<b>7,758,054</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	8	8,018,370	8,023,052
<b>TOTAL NON-CURRENT ASSETS</b>		<b>8,018,370</b>	<b>8,023,052</b>
<b>TOTAL ASSETS</b>		<b>15,403,640</b>	<b>15,781,106</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	9	2,975,014	3,027,750
Provisions	10	888,401	823,383
<b>TOTAL CURRENT LIABILITIES</b>		<b>3,863,415</b>	<b>3,851,133</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	10	195,641	239,600
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>195,641</b>	<b>239,600</b>
<b>TOTAL LIABILITIES</b>		<b>4,059,056</b>	<b>4,090,733</b>
<b>NET ASSETS</b>		<b>11,344,584</b>	<b>11,690,373</b>
<b>EQUITY</b>			
Contributed equity		523	512
Reserves	11	2,857,443	2,857,443
Retained surplus		8,486,618	8,832,418
<b>TOTAL EQUITY</b>		<b>11,344,584</b>	<b>11,690,373</b>

The accompanying notes form part of these financial statements.

STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
Surplus/(deficit)	(345,800)	170,813
Other comprehensive income		
Items that will not be reclassified subsequently to profit or loss:		
Revaluation decrement of land and buildings	-	(1,328,709)
Total other comprehensive income for the year	-	(1,328,709)
Total comprehensive income for the year	(345,800)	(1,157,896)

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2014

	Contributed Equity \$	Reserves \$	Retained Surplus \$	Total \$
Balance as at 30 June 2012	454	4,186,152	8,661,605	12,848,211
Additional equity contributed	58	-	-	58
Other comprehensive income for the year	-	(1,328,709)	-	(1,328,709)
Surplus for the year	-	-	170,813	170,813
Balance as at 30 June 2013	512	2,857,443	8,832,418	11,690,373
Additional equity contributed	11	-	-	11
Other comprehensive income for the year	-	-	-	-
Deficit for the year	-	-	(345,800)	(345,800)
Balance as at 30 June 2014	523	2,857,443	8,486,618	11,344,584

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014 \$	2013 \$
<b>Cash Flows from Operating Activities</b>			
Grants received - operating	3	11,507,231	10,455,978
Interest received		273,255	398,874
Other receipts		1,330,944	1,355,854
Borrowing costs		-	(4,616)
Payments to suppliers and employees		(12,820,075)	(11,595,594)
<b>Net cash provided by operating activities</b>		<u>291,355</u>	<u>610,496</u>
<b>Cash Flows from Investing Activities</b>			
Payments for property, plant and equipment		(837,551)	(628,198)
Proceeds from disposal of plant and equipment		260,000	162,868
<b>Net cash used in investing activities</b>		<u>(577,551)</u>	<u>(465,330)</u>
<b>Cash Flows from Financing Activities</b>			
Proceeds from new members		11	58
<b>Net cash provided by financing activities</b>		<u>11</u>	<u>58</u>
Net increase/(decrease) in cash held		(286,184)	145,224
Cash and cash equivalents at the beginning of the year		7,321,947	7,176,723
<b>Cash and cash equivalents at the end of the year</b>	15	<u>7,035,763</u>	<u>7,321,947</u>

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of preparation**

The financial report covers Victorian Aboriginal Health Services Co-operative Limited as an individual entity. Victorian Aboriginal Health Services Co-operative Limited is incorporated and domiciled in Australia. Its registered office and principal place of business being 186 Nicholson Street Fitzroy Vic 3065.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements of Australian Accounting Standards Board (AASB), the Australian Charities and Not-for-profits Commission Act 2012 and the Co-operatives National Law Application Act 2013. The Co-operative is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

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

**(a) Income Tax**

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

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

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

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

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

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

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

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

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014**

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

**(c) Impairment of Assets**

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

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

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

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

**(d) Leases**

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

**(e) Employee Benefits**

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

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

**(f) Cash**

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

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

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

(g) Government Grants

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

(h) Donations and Other Revenue

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

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

(i) Goods and Services Tax (GST)

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

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

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

(j) Financial Instruments

**Initial recognition and measurement**

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

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

**Classification and Subsequent Measurement**

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



NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

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

(j) Financial Instruments (cont'd)

**Derecognition**

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

(k) Critical Accounting Estimates and Judgments

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

(l) Fair Value Measurement

During the year VAHS adopted AASB: Fair Value Measurement and the relevant consequential amendments arising from the related Amending Standards. As a result, VAHS early adopted AASB 2012-1: Amendments to the Australian Accounting Standards – Fair Value Measurement – Reduced Disclosure Requirements because the VAHS financial statements are prepared under Australian Accounting Standards – Reduced Disclosure Requirements. The VAHS has applied AASB 13 and the relevant consequential amendments arising from the related Amending Standards from 1 January 2013.

No material adjustments to the carrying amounts of any of the VAHS assets or liabilities were required as a consequence of applying AASB 13. Nevertheless, AASB 13 requires enhanced disclosures regarding assets and liabilities that are measured at fair value and fair values disclosed in the VAHS financial statements. These enhanced disclosures are provided in Note 19.

The Disclosure requirements in AASB 13 need not be applied by the VAHS in the comparative information provided for periods before initial application of AASB 13 (that is, periods beginning before 1 January 2013). However, as some of the disclosures now required under AASB 13 were previously required under other Australian Accounting Standards, such as AASB 7: Financial Instruments: Disclosures, VAHS has provided this previously provided information as comparatives in the current reporting period.

The financial report was authorised for issue on 31 October 2014 by the board of directors.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
<b>NOTE 2: REVENUE</b>		
<i>Operating activities</i>		
<b>Grants Received and Receivable - Revenue</b>		
<b>Department of Health and Ageing (DoHA) - Commonwealth</b>		
Health recurrent	3,507,361	3,446,391
FBT	8,387	20,043
Performance and Quality	88,272	75,002
National Diabetes Strategy	42,958	42,240
Koori kids mental health	230,552	221,091
Stolen Generation	110,803	108,951
Substance use	92,816	50,273
Healthy for life	477,815	469,824
Healthy Life Styles	972,484	705,519
Nurse Family Partnership	-	200,000
	<u>5,531,448</u>	<u>5,339,334</u>
<b>Department of Health (DoH)</b>		
Adolescent Mental Health	240,000	240,000
Home and Community care (HACC)	1,032,468	980,603
Home Based Outreach Support & PDRSS	1,124,819	653,628
AIDS/STD	152,281	139,351
Koori Maternity Services	289,843	283,508
Drug & Alcohol	85,145	81,736
Carer Crisis Support	9,892	29,928
Adult Continuing Care	-	388,155
AHPACC	8,972	52,952
Strengthen Primary Care	-	41,349
Minajalku project funding	100,150	50,000
Minajalku capital grants	8,000	-
CTG - Workforce training	-	14,550
FCS relocation - one off	-	60,649
Youth Justice M/H Project (NR)	141,661	114,479
Case Coordination	48,629	30,222
IT consulting	34,620	-
Regional Partnership manager	58,986	155,846
	<u>3,335,466</u>	<u>3,316,956</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
<b>NOTE 2: REVENUE (cont'd)</b>		
<b>Department of Human Services (DHS)</b>		
Dardi Munwurro Mens Health	115,894	176,633
Indigenous family violence	260,917	210,356
Indigenous family violence (Men's)	-	117,873
	<u>376,811</u>	<u>504,862</u>
<b>DEECD</b>		
In Home support (IHS)	337,174	330,672
Maternal and Child Health Services	294,320	238,299
Paediatric consultancy	12,325	11,787
	<u>643,819</u>	<u>580,758</u>
<b>Other Specific Grants</b>		
RACP Specialist training program	100,000	95,600
VMA/RACGP FMP Program	148,522	219,829
FAHCSIA - Emergency relief	14,875	14,875
FAHCSIA - Financial Counselling	135,629	-
Trainee grant refund	26,000	1,500
Victorian Responsible Gambling Foundation	368,348	291,185
Department of Justice - Strong relationships, strong community	177,000	-
Dental Health Services Victoria	113,881	100,828
ACIR Immunisation	-	1,650
Qumax	18,501	11,494
Affiliated Government Grants	169,755	38,294
COATS	44,733	17,013
NHMRC	109,363	146,719
NMML	205,195	-
REACCH	1,316	34,091
Miscellaneous grants	124,238	61,698
	<u>1,757,356</u>	<u>1,034,776</u>
Total Grants Received and Receivable - Revenue	<u>11,644,900</u>	<u>10,776,686</u>
<b>Other Revenue</b>		
Donations	1,175	1,200
Interest received - other	273,256	398,874
Medicare reimbursements	810,674	842,244
Sundry income	41,526	152,514
Workcover Recovery	18,728	31,157
PIP Payments	235,412	142,966
Paid parental leave	-	32,751
Administration services provided	166,518	153,022
Total Other Revenue	<u>1,547,289</u>	<u>1,754,728</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
<b>NOTE 3: GRANTS</b>		
Grants received during the financial year comprise:		
<b>Department of Health and Ageing (DoHA) - Commonwealth</b>		
Health recurrent	3,504,973	3,446,391
FBT	8,387	20,043
Performance and Quality	88,272	75,002
National Diabetes Strategy	42,958	42,240
Koori kids mental health	227,725	223,918
Stolen Generation	110,803	108,951
Substance use	72,148	70,941
Healthy for life	477,815	469,824
Healthy life styles	700,425	684,990
Nurse and Family Program	-	200,000
	<u>5,233,506</u>	<u>5,342,300</u>
<b>Department of Health (DoH)</b>		
Adolescent mental health	240,000	240,000
Home and Community care (HACC)	995,754	975,603
Home based outreach support	1,124,819	679,324
AIDS/STD	149,277	139,351
Koori Maternity Services	289,843	283,508
Drug & Alcohol	700,145	81,736
Carer Crisis Support	9,892	19,990
Adult Continuing Care	-	388,188
AHPACC	127,302	124,105
Minajalku capital grants	8,000	100,000
Koolin Ballit	80,701	-
Youth Justice M/H Project (NR)	141,661	129,177
Regional Partnership Manager (NR)	-	120,000
	<u>3,867,394</u>	<u>3,280,982</u>
<b>Department of Human Service (DHS)</b>		
Dardi Munwurro Mens Health	115,894	108,024
Indigenous family violence	128,011	122,657
Indigenous family violence (Men's)	128,011	122,656
	<u>371,916</u>	<u>353,337</u>
<b>DEECD</b>		
In home support	337,174	330,672
Maternal and child health services	243,111	238,299
Paediatric consultancy	12,089	11,787
	<u>592,374</u>	<u>580,758</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
<b>NOTE 3: GRANTS (cont'd)</b>		
<b>Other Specific Grants</b>		
RACP Specialist training program	100,000	90,600
VMA/RACGP FMP Program	148,522	-
FAHCSIA - Emergency relief	14,875	14,875
FAHCSIA - Financial Counselling	135,629	18,100
Trainee grant refund	26,000	-
Victorian Responsible Gambling Foundation	279,948	268,230
Department of Justice - Strong relationships, strong community	90,000	171,000
Dental Health Services Victoria	113,881	100,828
ACIR Immunisation	-	1,650
Qumax	18,501	11,494
Affiliated government grants	151,496	-
REACCH	-	34,091
COATS	44,733	-
NHMRC	-	120,233
NMML	205,195	-
University of Melbourne ICCTG	-	37,500
Miscellaneous grants	113,261	30,000
	<u>1,442,041</u>	<u>898,601</u>
Total Grants received - operating	<u>11,507,231</u>	<u>10,455,978</u>

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

Surplus/(deficit) has been determined after:

Charging as expenses / crediting as revenue:

Depreciation of property, plant and equipment	626,613	549,805
Amortisation of copyright	<u>1,000</u>	<u>1,000</u>
Total depreciation and amortisation	<u>627,613</u>	<u>550,805</u>
Rental expense on operating leases	15,600	89,997
Profit on disposal of plant and equipment	<u>(45,381)</u>	<u>(53,202)</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
<b>NOTE 5: CASH AND CASH EQUIVALENTS</b>		
Cash on hand	450	450
Cash at bank	<u>7,035,313</u>	<u>7,321,497</u>
	<u>7,035,763</u>	<u>7,321,947</u>
Cash is on hand or available on demand.		
Non-interest bearing	450	450
Interest bearing	<u>7,035,313</u>	<u>7,321,497</u>
	<u>7,035,763</u>	<u>7,321,947</u>
<b>Specific purpose cash assets</b>		
Cash and cash equivalents are held for the following specific purposes:		
Unexpended grants and grants received in advance (Note 9(a))	<u>2,252,691</u>	<u>2,420,050</u>
Total specific purpose cash and cash equivalents	<u>2,252,691</u>	<u>2,420,050</u>
Other cash and cash equivalents	<u>4,783,072</u>	<u>4,901,897</u>
<b>NOTE 6: TRADE AND OTHER RECEIVABLES</b>		
GST receivable	-	77,711
Sundry debtors	<u>261,757</u>	<u>270,646</u>
	<u>261,757</u>	<u>348,357</u>
No interest is payable on overdue debtors		
<b>NOTE 7: OTHER CURRENT ASSETS</b>		
Security deposits	<u>87,750</u>	<u>87,750</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

		2014 \$	2013 \$
<b>NOTE 8: PROPERTY, PLANT AND EQUIPMENT</b>			
Land at independent valuation	(b)	2,050,000	2,050,000
Land at cost		<u>320,000</u>	<u>320,000</u>
		<u>2,370,000</u>	<u>2,370,000</u>
Building at independent valuation	(b)	2,450,000	2,450,000
Less: accumulated depreciation		(89,370)	(15,774)
Buildings at cost		4,028,094	4,027,406
Less: accumulated depreciation		<u>(2,029,030)</u>	<u>(1,894,947)</u>
		<u>4,359,694</u>	<u>4,566,685</u>
Furniture and equipment at cost		2,157,814	2,008,848
Less: accumulated depreciation		<u>(1,807,645)</u>	<u>(1,588,962)</u>
		<u>350,169</u>	<u>419,886</u>
Copyright of floor design at cost		20,000	20,000
Less: accumulated amortisation		<u>(16,000)</u>	<u>(15,000)</u>
		<u>4,000</u>	<u>5,000</u>
Motor vehicles at cost		1,178,498	1,020,244
Less: accumulated depreciation		<u>(243,991)</u>	<u>(358,763)</u>
		<u>934,507</u>	<u>661,481</u>
Total property, plant and equipment		<u>8,018,370</u>	<u>8,023,052</u>

(a) Movement in carrying amounts  
2014

	Land \$	Buildings \$	Furniture & equipment \$	Copyright of floor design \$	Motor Vehicles \$	Total \$
Opening Balance	2,370,000	4,566,685	419,886	5,000	661,481	8,023,052
Additions	-	688	146,465	-	690,397	837,550
Depreciation	-	(207,679)	(216,182)	(1,000)	(202,752)	(627,613)
Disposals	-	-	-	-	(505,184)	(505,184)
Writeback of depreciation	-	-	-	-	290,565	290,565
Closing balance	<u>2,370,000</u>	<u>4,359,694</u>	<u>350,169</u>	<u>4,000</u>	<u>934,507</u>	<u>8,018,370</u>

(b) Asset revaluation

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



NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
<b>NOTE 9: TRADE AND OTHER PAYABLES</b>		
Trade creditors	232,427	371,111
Accruals	481,563	236,589
GST Payable	8,333	-
Unexpended grants and grants received in advance (a)	<u>2,252,691</u>	<u>2,420,050</u>
	<u>2,975,014</u>	<u>3,027,750</u>
(a) Unexpended grants and grants received in advance: Unexpended grants are grants received on or before 30 June 2013 for which plans have been established for utilisation on or before 30 June 2015. Grants received in advance are grants received in the year to 30 June 2014 to be used in the year to 30 June 2015.		
<b>Department of Health and Ageing (DoHA) - Commonwealth</b>		
Substance Misuse	-	20,668
Koori Kids Mental Health	-	2,827
Healthy Life Styles - Regional Tackling & Smoking	-	212,832
Healthy Life Styles - Business case	<u>-</u>	<u>59,227</u>
	<u>-</u>	<u>295,554</u>
<b>Department of Health (DoH)</b>		
AHPACC	559,510	441,180
Alcohol and drugs pilot	615,000	-
Annual Provisions	238,930	206,369
AIDS/STD (BBV)	9,343	12,347
Carer Crisis	-	17,259
Case Coordination	-	48,629
CTHG Training Grant	-	2,388
Koolin Ballit	40,703	-
Minajalku Program Costs	26,877	50,000
Youth Justice M/H Project (NR)	14,698	14,698
Allied Health	34,212	31,258
Flexi Service Response	105,324	105,324
Service System Resourcing	-	41,885
IT Consulting	81,846	120,000
Homebased Outreach - PDRSS	110,476	110,476
PDRSS Minor Works - Refit High Street	-	8,213
Regional Partnership Manager	40,000	58,986
Service Development Project	<u>-</u>	<u>59,768</u>
	<u>1,876,919</u>	<u>1,328,780</u>
<b>Department of Human Service (DHS)</b>		
Men's Health Family Violence Funds	135,203	135,203
Indigenous Family Violence (CIF)	5,000	5,000
HACC MAYA Services (Family Violence Funding)	<u>99,676</u>	<u>99,676</u>
	<u>239,879</u>	<u>239,879</u>
<b>DEECD</b>		
Maternal and Child Health Services - Universal	<u>-</u>	<u>51,209</u>
	<u>-</u>	<u>51,209</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
<b>NOTE 9: TRADE AND OTHER PAYABLES (cont'd)</b>		
(a) Unexpended grants and grants received in advance(cont'd)		
<b>Other Specific Grants</b>		
FAHCSIA - Financial Counselling	-	18,100
Victorian Responsible Gambling Foundation	57,893	146,293
Department of Justice - Strong relationships, strong community	84,000	171,000
Healing Foundation	(6,000)	12,259
University of Melbourne - ICCTG	-	35,318
University of Melbourne - NHMRC	-	22,043
REACCH	-	88,636
Teas Dale Corti	-	10,979
	<u>135,893</u>	<u>504,628</u>
Total unexpended grants and grants received in advance	<u>2,252,691</u>	<u>2,420,050</u>

**NOTE 10: PROVISIONS**

<b>CURRENT</b>		
Provision for annual leave	540,573	515,609
Provision for long service leave	<u>347,828</u>	<u>307,774</u>
	<u>888,401</u>	<u>823,383</u>
<b>NON-CURRENT</b>		
Provision for long service leave	<u>195,641</u>	<u>239,600</u>

	1 July 2013 \$	Additional Provisions \$	Amounts Used \$	30 June 2014 \$
<i>Movement in leave provisions</i>				
Annual leave	515,609	686,828	661,864	540,573
Long service leave	<u>547,374</u>	<u>23,956</u>	<u>27,861</u>	<u>543,469</u>
	<u>1,062,983</u>	<u>710,784</u>	<u>689,725</u>	<u>1,084,042</u>

**NOTE 11: RESERVES**

**Building project**

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

**Capital Reserve**

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

**NOTE 12: AUDITORS' REMUNERATION**

	2014 \$	2013 \$
Audit fees for auditing the financial statements	77,212	37,050
Fees for other consulting services	<u>8,630</u>	<u>8,630</u>
	<u>85,842</u>	<u>45,680</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
<b>NOTE 13: KEY MANAGEMENT PERSONNEL COMPENSATION</b>		
Salary	589,873	537,894
Superannuation	50,582	78,020
Other non-cash benefits	-	8,043
	<u>640,455</u>	<u>623,957</u>

**NOTE 14: RELATED PARTIES**

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

**NOTE 15: CASH FLOW INFORMATION**

*Reconciliation of Cash*

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

Cash on hand and at bank	<u>7,035,763</u>	<u>7,321,947</u>
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**NOTE 16: LEASE COMMITMENTS**

Payable - minimum lease payments		
Not later than 1 year	17,700	17,700
Later than 1 year but not later than 5 years	16,225	33,925
	<u>33,925</u>	<u>51,625</u>

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

**NOTE 17: EVENTS AFTER THE REPORTING PERIOD**

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

**NOTE 18: CONTINGENT LIABILITIES**

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

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

**NOTE 19: FAIR VALUE MOVEMENTS**

VAHS has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after initial recognition. VAHS does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

**Non-Financial Assets**

Freehold land	2,050,000	2,050,000
Freehold building	<u>2,360,630</u>	<u>2,434,226</u>
<b>Total non-financial assets recognised at fair value</b>	<u>4,410,630</u>	<u>4,484,226</u>

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

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

**DIRECTORS' DECLARATION**

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

1. The financial statements and notes, as set out on pages 6 to 22:
  - (a) comply with Australian Accounting Standards - Reduced Disclosure Requirements, the Co-Operatives National Law Application Act 2013 and the Australian Charities and Not-for profits Commission Act 2012; and
  - (b) give a true and fair view of the financial position as at 30 June 2014 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 31 day of October, 2014

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

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

We have audited the accompanying financial report of Victorian Aboriginal Health Service Co-operative Limited, which comprises the statement of financial position as at 30 June 2014, the income statement, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory notes and the directors' declaration.

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

The directors of the Co-operative are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements, the *Co-operatives National Law Application Act 2013* and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

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

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

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

### **Independence**

In conducting our audit, we have complied with the independence requirements of *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012*.

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

**Opinion**

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

- (i) giving a true and fair view of the Co-operative's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements, the *Co-operatives National Law Application Act 2013* and the *Australian Charities and Not-for-profits Commission Regulation 2013*.



**McLean Delmo Bentleys Audit Pty Ltd**



**Kevin P Adams**  
Director

**Hawthorn**  
6<sup>th</sup> November 2014





**Victorian Aboriginal Health Service Co-Operative Ltd**

186 Nicholson Street, Fitzroy, Victoria 3065

Ph: (03) 9419 3000

