



VICTORIAN ABORIGINAL HEALTH SERVICE
Caring for the Community



VICTORIAN ABORIGINAL HEALTH SERVICE
ANNUAL REPORT 2017-2018

Acknowledgement

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

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

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Disclaimer

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

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

The Victorian Aboriginal Health Services is a child safe organisation.

Executive Report

A great deal of time and energy has gone into planning for placing VAHS in the strongest possible position to implement its strategic goals and objectives moving forward. This has been a complex and testing time for all of VAHS, its Board and staff with the expectation that we continue to run at full capacity while working with multiple funding and policy reform agenda as well as undergoing multiple changes across the organisation.

The 2017-2018 period seen a great deal of change within and across VAHS which continues. It has been quite an unsettling period, in particular the earlier part of the implementation of changes and preparations for reforms. We acknowledge that this was felt by staff and community members alike.

During the planning of the changes, VAHS recognised a number of deficiencies in its capacity to undertake and implement all the necessary changes before it could proceed. It became obvious that in order to progress with moving forward with the implementation of our strategic goals, we needed to consider and address the following:

- Understanding the new policy and funding environment in which we would be expected to operate
- Understanding the systems required to support our transition to the new policy, funding and operating environment
- the requirement and numbers of specialised persons to advise and assist,
- The costs associated with the planning and the establishment of the various models and systems of care
- the costs and logistics of introducing required back-of-house systems and associated resources/ training and professional development
- informed planning of all aspects of delivery of programs and services to meet the needs of the community,
- budgets and sources of funding to assist with the establishment of services/satellites in the suburbs
- understanding the technicalities of commercial leasing arrangements.

Both Commonwealth and State Governments implemented major reforms that have a direct impact on our service delivery systems and services. Block grant funding to organisations to deliver services to clients is being replaced with consumer owned and directed funding models e.g. Aged Care Reforms for Home Care Packages and the National Disability Insurance Scheme (NDIS).

The Commonwealth, under the Indigenous Australians' Health Program (IAHP) changed its funding formula for Aboriginal Community Controlled Health Services. The new funding allocation methodology will have a negative effect on the security of VAHS future Aboriginal health funding. These significant funding reforms also coincide with the Commonwealth Department of Prime Minister and Cabinet refresh of the Council of Australian Government's (COAG) Closing the Gap targets.

While the struggle continues to work in ongoing changing policy and funding environments, we have and will continue to adjust to new funding models and policy reform agenda's affecting Aboriginal health and wellbeing. We are confident that with the new systems being implemented across the organization and the commitment of our workforce and the suite of programs offered, that we will continue to deliver holistic, quality and culturally safe and respectful services to our community.

Ronald Briggs
Chairperson

Our Vision

Creating and inspiring healthy Aboriginal people and families through quality, effective community health services, education and training.

VAHS will achieve this with a flexible approach that is innovative, embraced by community and sets a standard as a Centre for Excellence for Aboriginal Health internationally.

Our Purpose

To achieve the best possible health and social and emotional well-being outcomes for our people.

Our Principles

Our Service and program design and delivery are guided by the principle of Aboriginal Community Control: Holistic Health: Well-being and Healing: Self-Determination Health: Cultural Integrity.

Our Values

Respectful and Caring
Accountable and Responsible
Honest and Trustworthy

Collaboration and Inclusive
Learning and Sharing
Strength in Diversity

Our Strategies

1. Program and service excellence
2. Extend our reach and improve access
3. Invest in our workforce, making sure our staff are skilled and supported
4. Ensure the future of VAHS is supported by first class systems
5. Shape VAHS as a professional, sustainable, well-led, and governed organisation
6. Develop and foster partnerships that add value to our service capacity

VAHS Model of Care

The Victorian Aboriginal Health Service (VAHS) is the largest provider of holistic primary health care for Aboriginal and Torres Strait Islander people residing in metropolitan Melbourne and across Victoria.

The VAHS Service Model provides a comprehensive suite of programs and services including:

- Medical services
- Oral health services
- Allied health services
- Specialist visiting specialist clinics
- Pharmacy services
- Community programs and services
- Integrate Care Team – Care co-ordination
- Adult Mental health and social and emotional wellbeing services
- Child and adolescent mental health and social and emotional wellbeing services
- Alcohol and other drugs services
- Rehabilitation support services
- Health promotion/preventative Health programs
- Maternity services
- Early years services
- Parenting support programs
- Home and community care
- Women's and children's health
- Men's health
- Financial wellbeing and counselling support services
- Transport

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

Of all VAHS clients, some 85% have more than one chronic condition, with the top 5 chronic conditions being:

1. Ashma
2. Mental Health
3. Anxiety
4. Hyperlipidaemia
5. Hypertension

The ongoing challenge for VAHS is maintaining existing levels of service whilst continuing with planning for service delivery expansion to ensure that VAHS is able to respond to the health and wellbeing needs of a growing Aboriginal and Torres Strait Islander community and client demand.

VAHS needs to continue to build its capability, systems and workforce to effectively respond to ever increasing demands and stakeholder expectations.

2017 – 2018 Service Data

Highlights

VAHS staff provided 44,421 Episodes of Care over the 2017-2018 compared to 33,395 in the previous year. VAHS seen an increase of 11% in active VAHS clients undertaking an Aboriginal and Torres Strait Islander Health Check with 897 new clients attending the service during the 2017-2018 reporting period.

Victorian Aboriginal Health Service Client Population

1 in 4



Of the estimated 25,119 Aboriginal people living in Greater Melbourne are a client of VAHS

VAHS has **3,423** active clients

An active client is considered as someone who accesses the service 3 times in a 2 year period



Top 5 Chronic Illnesses

1. Asthma
2. Depression
3. Anxiety
4. Hyperlipidaemia
5. Hypertension



VAHS has improved the number of 715 Health Assessments from the previous year from

17% to 28%

of active clients have received a 715 Health Check

Between June '17 & July '18

897

new clients used our services

STRATEGIC GOAL 1: Build program and service excellence

Highlights

Home Care Package Provider

VAHS Community Programs applied for and was approved as a Home Care Package (HCP) Provider in June 2018. This means that VAHS is ready to commence development and delivery of its own Home Care Package program for the future.

A Project Plan for establishing the Home Care Package program with identified tasks, timelines and status has been developed and once the program is established with the necessary robust back-of-house systems to support the management of the Home Care Package, VAHS can promote the program and begin to manage and deliver the program. Some tasks have already commenced and we hope to see the program being delivered in the near future.

My Aged Care

In May 2018, VAHS gained access to the My Aged Care portal and received its first referral through this new service platform. In the same month we approached the Aborigines Advancement League (AAL) to look at how our two organisations can work together to support our community to register on My Aged Care and to increase referrals. VAHS developed a formal partnership and signed off on a Memorandum of Understanding (MOU) with the AAL in July to support arrangements and referral pathways between the two organisations in delivering coordinated My Aged Care services to eligible clients.

The Aboriginal Regional Assessment Service auspiced by the AAL began working out of VAHS one day a week to assist clients to access My Aged Care. VAHS promoted the role of the Assessor to VAHS GP's, Aboriginal Health Workers, Nurses and Allied Health staff and this resulted in an immediate increase in referrals.

Integrated Team Care (ITC)

The Integrated Team Care program is a relatively new initiative at VAHS which commenced in August 2017 and was staffed by 2 Outreach Workers and 1 Nurse/Care Coordinator. The ITC program, funded by the North West and Eastern Metropolitan Primary Health Care Networks (PHN's) aims to contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care; and contribute to closing the gap in life expectancy.

The ITC team developed Business Rules and Procedures for the program and promoted it to our GP's and the Medical team. In the 2017 -2018 financial year the team worked with 98 clients and delivered a total of 2,844 episodes of care. VAHS has received positive feedback from our Regional PHN Coordinator's and our clients have stated that our service has been invaluable in assisting them in managing their health needs.

Bringing Them Home - Sorry Day Dinner

VAHS' Stolen Generations Program Worker Daria Atkinson co-ordinated the VAHS National Sorry Day Dinner held on 26th of May 2018 at Bell City Mantra, Preston.

The event was attended by some 200 Stolen Generation members from Melbourne and more than half a dozen members from Regional Victoria. Uncle Murray Harrison, an 89-year old Stolen Generation member spoke and also performed with his young granddaughter. Also in attending the event was Archie Roach and Kutcha Edwards, who both gave beautiful and heart felt performances. Both are Stolen Generation members which made it even more special.

The special guest, Mr Martin Luther-King 3rd attended this event with his family to pay their respects and to acknowledge the Stolen Generation. He came to Australia to support the Uluru Statement and heard about the dinner and decided he wanted to attend and meet as many Stolen Generation members as possible. Other important guests who attended included local MP's Lidia Thorpe and Ged Kearney. Ged Kearney later mentioned Daria in a speech about the event in Parliament (something for which Daria felt so proud of).

Deadly Elders Circus - Nomination for Victorian Health Award Nomination

In 2017-18, VAHS became a finalist for a Victorian Health Award under the category of "Building health through art" for its work with Deadly Elders Circus. One of our physiotherapists and dieticians attend Circus regularly to monitor the health needs of participants.



Close the Gap Day 2018

This year, VAHS conducted its Close the Gap Day held on March 15, 2018. The day involved and promoted the 715 Health Check Day at both the VAHS Fitzroy and Preston sites. The day included a healthy Lunch and a parade being provided by the VAHS Deadly Elders Circus Team who dressed up in their costumes and provided entertainment to those who attended.

VAHS also used the Close the Gap Day event to introduce our partnership with the Queensland based Institute of Urban Indigenous Health (IUIH) and launch the VAHS Deadly Choices Campaign. This was run in partnership with the Essendon Football Club and The Long Walk where the Deadly Choices Health Check shirts proved to be very popular and in high demand (VAHS clients were required to undertake a 715 Health Assessment (Health check) to qualify for a T Shirt). The day was a great success and VAHS completed 43 health checks through the day!

Preparations for the Oral Health Unit Accreditation

In preparation for service accreditation, the Oral Health Unit staff conducted extensive background research to inform the design and development of the updated Oral Health Unit Policies and Procedures Manual, the Radiation Safety Management Plan and twice reviewed the Infection Control Policies and Procedures Manual. This work was essential to ensure that the Oral Health Unit was able to achieve Accreditation against very rigorous National Safety and Quality Health Standards 2-6 (NSQHS) to enable the continued delivery of the Oral Health program by VAHS.

The QIP Digital Imaging Accreditation Full suite was also achieved. Congratulations and well done to the Manager of the Oral Health Program and all staff of the Unit for pulling together and undertaking the necessary work to meet accreditation requirements.

Fitzroy Medical Clinic

The VAHS Medical Clinic is currently accredited with Australian General Practice Accreditation Limited, and successfully met relevant quality and standards to gain successful accreditation in 2017.

The Clinic has numerous partnerships with essential and invaluable services to assist in the suite of medical and allied health services and referral pathways for our clients.

VAHS Fitzroy has undertaken planning to expand the number of GP's and GP Registrars as well as planning for increasing the number of clinical rooms available to support potential increased general practice workforce opportunities for rooms to deliver additional visiting specialist clinics.

Community Programs

The Community Programs Unit manages a number of programs including allied health services, Active Elders Groups and the Integrated Team Care program. The VAHS Allied Health Services are funded by the Commonwealth Home Support Program which targets people who are 50 years and over. VAHS also receives funding from the Home and Community Care Program for Younger People which targets people who are under 50 years of age and have a disability. VAHS provides transport and nutritious lunches for people who attend our groups. The groups typically have up to approximately 40 participants attending every week.

As part of 2018 NAIDOC week celebrations, Deadly Elders Circus were invited by the Austin Hospital to visit children in the Children's ward. Twenty Elders dressed in costume and entertained 30 children by teaching them how to juggle, performing other circus tricks and singing a Yorta Yorta lullaby with a group of children from the local Pre-school. A few of the Elders kindly made soft juggling balls at their own expense and time and these were distributed to the children who were delighted with their colorful gifts. It was a very successful day that was thoroughly enjoyed by the children, their parents and hospital staff. The CEO of the Austin sent a letter of appreciation to the Elders thanking them for the positive impact the day had on all involved. The Elders in particular found the whole experience to be very rewarding and look forward to further gigs.



Accreditations

Both the Medical Clinic and the Men's Health Program successfully passed service accreditations during the period of 2017-2018. The VAHS Medical Unit is accredited under AGPAL. It is understood the clinic will soon fall under the updated National Safety and Quality and Health Standards (NSQHS). The roll out of the new quality standards are expected to have a flow on effect to other parts of the organisation and all of its program areas. In future VAHS will be developing Clinical Practice Guide/s to assist with the application of quality and clinical standards across all of VAHS.

The Women's and Children's Unit continue to receive full accreditation as an Advanced Training position under the Community Child Health Specialist Advisory Committee of the Royal Australasian College of Physicians for our Paediatric Registrars/Advanced Trainee in Indigenous Health.

Preventative Health program

The Victorian Aboriginal Health Service has formed a partnership with the Essendon Football Club and The Long Walk to promote the Aboriginal and Torres Strait Islander preventative health campaign, "Deadly Choices".

Deadly Choices is a social marketing campaign developed by the Institute for Urban Indigenous Health (IUIH) which aims to empower Aboriginal and Torres Strait Islander people to make healthy choices for themselves and their families, with a specific focus on:

- Quitting smoking
- Eating a healthy diet
- Exercising daily
- Accessing their local Community-Controlled Health Service for an annual 'Health Check'.

The Essendon Football Club and The Long Walk will work closely with VAHS and IUIH to encourage more Aboriginal and Torres Strait Islander people to make Deadly Choices.

"Partnering with VAHS using the Deadly Choices preventative health campaign reinforces Essendon and The Long Walk's ongoing commitment to celebrating, educating and empowering Australia's first nation's people."

As part of the new partnership, Anthony McDonald-Tipungwuti, Joe Daniher and Michael Hurley were unveiled as the Club's Deadly Choices Ambassadors. Essendon players will promote the preventative health messaging that will attract even more clients to VAHS health clinics, to make their health a priority.



Deadly Dan

The Victorian Aboriginal Health Service Preventative Health Program Indigenous Smoking Team developed a children's book addressing the high rates of tobacco use in the Aboriginal Community. The book, titled *Deadly Dan* was launched at the Aborigines Advancement League (AAL) in 2017 at the Tackling Indigenous Smoking State-wide conference in Melbourne. *Deadly Dan the Smoke Free Man* and his catchy slogan "You Smoke You Choke" appeals to the book's target audience of children and young people.

The book aims to empower children to become healthy lifestyle ambassadors within their own household and community to deliver messages to secondary audiences (parents, siblings, carers, and community members). Local champions and significant places such as the Fitzroy Stars Football Netball Club and the Aborigines Advancement League feature in the book giving the book a localized, recognized cultural feel.



Deadly Dan Suite of resources include:

- Deadly Dan Book
- Colouring Pages
- Stickers
- Boomerangs
- Possum Skin Cloak
- Kids T-shirt and Capes

STRATEGIC GOAL 2: Extend our reach and improve access

The primary aim of this goal is to ensure that Aboriginal communities of Melbourne have more locally accessible and culturally safe primary health care services.

Highlights

The VAHS Metropolitan Service Delivery Strategy

The Board of VAHS commissioned the development of a VAHS Metropolitan Service Delivery Strategy (MSDS) in 2017 to respond to community identified service gaps and client needs across metropolitan Melbourne as a means to increasing service access. The establishment of more locally accessible and culturally safe primary health care services could offset and reduce the impact of potential funding reductions in VAHS' funding allocation as part of the proposed Commonwealth and State government funding model changes, and to position VAHS for future growth and investment by Commonwealth and State government agencies.

The development of the Metropolitan Service Delivery Strategy is a new initiative and a VAHS self-funded project. In summary the strategy is focused on establishing new VAHS satellite clinics in the City of Whittlesea (Epping) and the City of Melton in the western suburbs. It will support more locally accessible and culturally responsive primary health care to Aboriginal communities where there is currently no local ACCHO and where VAHS is servicing increasing number of clients, especially those who are travelling in excess of an hour to our Fitzroy clinic for primary health care services.

A great deal of time and energy has and continues to be spent on the MSDS and the identification of suitable locations. Factors which continued to hinder the immediate roll out of the strategy and establishment of the satellite clinics have included funding to undertake necessary service planning and an inability to secure a lease in suitable location/s.

VAHS was conscious to ensure that the MSDS was not a major factor which affected the services being delivered at VAHS in Fitzroy and Preston, and that it did not burden funding already provided by government for services at those sites. VAHS has and continues to seek assistance from Local, State and Commonwealth Governments and other health care partners in the targeted areas to assist with satellite clinic development and location of suitable facilities.

VAHS Complex Care Program

Advocacy through the Commissioner for Aboriginal Children and Young People, and Department of Health continues for funded multi-disciplinary health assessments for Aboriginal children in out of home care at VAHS since 2016. The Women's and Children's Unit continues to develop and document the model of service which provides access to health checks and referrals to children with complex care needs. VAHS is continuing its efforts to secure ongoing funding for this program to form part of our core service delivery model for children and young people with complex needs.

Cardiology Clinic

VAHS has negotiated and extended the delivery of the Cardiology clinic to deliver a fortnightly Cardiology and Diagnostic Echocardiography Clinics at VAHS. This has strengthened the partnership between VAHS and St Vincent's Hospital and strengthened referral pathways between the hospital Cardiology clinics and VAHS.

Ear Nose and Throat (ENT) Clinic

This Clinic complements the continued provision and expansion of an Ear Nose and Throat (ENT) Clinic at VAHS by the Royal Victorian Eye and Ear Hospital.

Community Information Day

17 community members attended the Community Information Day accompanied by 11 VAHS staff members. The Community Information Day provided community with an opportunity to ask questions and raise issues and concerns which provided those in attendance with some good insight as to what was happening at VAHS at the time and to get community feedback.

Visiting Specialist

VAHS was fortunate enough to welcome a number of visiting specialists during the year including:

- Cardiologists – with Echocardiogram support on site
- Dermatologists
- General Surgeon
- Geriatrician
- Optometrist

Ear Clinic

The VAHS Healthy Ears Clinic is progressing well. VAHS is seeking funds to increase the Audiologist hours to screen more children. If funding is received VAHS can develop a site for treating children with specific types of auditory processing deficits that stem from middle-ear infection/disease that can develop during the early years.

Preventative Health program

From 1st August 2017 to 31st December 2017, the Team organised and/or participated in a total of 103 events, which reached 2,616 people. All of these events have a strong focus on tobacco and provide us with an opportunity to link people in with relevant quit services. The majority of these events took place in the North and West suburbs of Melbourne and they fall into 6 categories:

- Conferences/presentations
- Education (early years, primary and secondary)
- Community events (including sporting carnivals)
- Camps
- Playgroups
- TIS Signature Programs (The Six Week Challenge, the 16-week #HerTribe and the 12-week #HisTribe).

Coach Program

The program delivered its weekly Coach program to Yappera Childrens Services and Bubup Wilam Early Learning Centre during the year. The Coach program is extremely consistent and Deadly Dan, our Tobacco IS superhero is woven into many of our lesson plans. While directed towards early years the Coach program also reaches a secondary target audience, the parents and carers of Coach children, through our catchy messaging and take home resources.

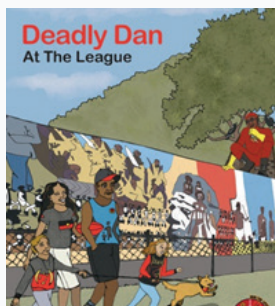


Since January, we have updated our 'Coach Handbook'. This updated version has included two extra lessons dedicated to our #StaySmokeFree message and Deadly Dan. This has allowed us to deliver more lessons more often around tobacco and staying smoke free. A highlight doing these lessons has included showing our new Deadly Dan film to the Coach kids. The kids responded to the film really well. They especially loved seeing Deadly Dan fly, turn smokes into healthy veggies and see their family as movie stars.

VAHS is planning on expanding this program in other regions across Victoria.

The Deadly Dan Book

The Deadly Dan book will be distributed to all early learning centres and primary schools throughout the City of Darebin. We are also creating a Deadly Dan lesson plan for educators based in primary school settings to spark conversations about tobacco. With support from Darebin Council, we will be offering this as professional development opportunity for all educators in the municipality.



The Deadly Dan Film

The Program's Deadly Dan Film was posted to the VAHS Facebook page and received a tremendous response from the community. The film reached 18,901 people, received a total of 256 reactions (likes, loves, etc.) and was viewed 8,400 times. There were 63 comments and 56 shares of the Deadly Dan Film from the community which indicates their engagement with this established Aboriginal Super Hero in the Victorian community.

NITV

The 7-minute Deadly Dan film has been aired twice on NITV during the Heartland Football Program. The film has also been picked up by Tonic Health media and will be screened in medical waiting rooms in and across Australia. This includes 37 Aboriginal Medical Services across NSW, QLD, VIC and WA.

Well Women's Health Checks

We have also seen the transitioning of the Pap smear program to the Cervical Screening Test and continue to offer Well Women's Checks.

Hypnotherapy clients have been showing some great results, especially around quitting smoking. The KMS program have run a hypnobirthing class for pregnant women and their families at VAHS.

Minajalku

Following a building and safety inspection, the venue located at Rossmoyne St Thornbury was closed at the end of 2017. A new venue for Minajalku was found and now operates across the road at 259 Bell St, Preston. Various programs including Men's Yarning Groups, Women Yarning Groups, Stolen Generation Groups and Women Art Classes continue to be delivered from the new premises. VAHS also rents out the premises as needed to other community groups and organisations to deliver their group activities.

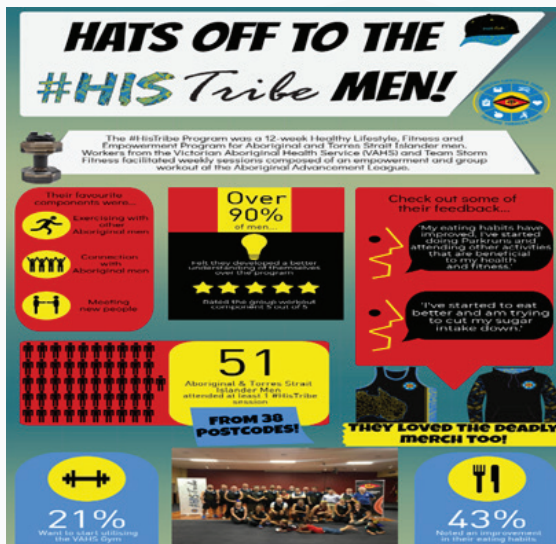
#HerTribe

The TIS team supported the roll out of VAHS 16 Week #HerTribe Aboriginal Women's Empowerment Program. During the program, 123 participants (not including children!) attended weekly Thursday night sessions, where women met for group exercise sessions and for health empowerment presentations on different topics relevant to Aboriginal women's health and wellbeing including quitting smoking.



#HisTribe

The #HisTribe Program was a 12-week healthy lifestyle, fitness and empowerment program for Aboriginal and Torres Strait Islander men. Workers from across VAHS programs and Team Storm Fitness facilitated weekly sessions composed of an empowerment and group workout at the Aborigines Advancement League (AAL)



STRATEGIC GOAL 3:

Invest in our workforce, making sure our staff are skilled and supported

Highlights

In-service/Workshops in 2017-2018

The first VAHS Staff In-service for 2018 was held at the Mantra on Bell in Preston on Thursday 15 February 2018. Managers presented a power-point presentation of their programs. They were asked to talk about the current program position, their Action Plan, and aims for the future.

Another In-service was held over two days in April and May this year. Staff of VAHS gathered at the Mantra Bell City Hotel in Preston to reflect on VAHS achievements, talk about challenges and engage in discussions about our future. The “in-service” was unlike previous in-services as it asked staff to put their strategic thinking caps on and come up with a vision of VAHS for the future.

Of course, you can’t step into the future without considering where you’ve come from. VAHS staff were really fortunate over these two days to hear the story of Aboriginal health in Victoria and the history of VAHS from two of the most respected and important Aboriginal Elders, leaders and activists in Victoria, Aunty Alma Thorpe and Gary Foley. Both effectively helped get VAHS up and running and have made a huge contribution to where VAHS is today.

For many staff, this was the first time they had heard directly about the history and journey of the Victorian Aboriginal Health Service. A number of other In-service Workshops were held with all staff, Managers and Board members and a number of VAHS programs held separate In-service Workshops throughout the year to regroup and discuss strategic directions going forward.



Medical Clinic

The Medical Unit has seen a number of changes throughout 2017 and 2018. In early 2018 expanding the pool of GP doctors was the number one priority. It was exciting to see the number of GPs who applied to work at VAHS. The Medical Unit employed up to 15 GPs working part-time as well as 2 full-time Doctors. There are currently 8.1 Full Time equivalent doctors working from the Fitzroy clinic.

Oral Health Clinic

The Oral Health Unit enrolled an Aboriginal Dental Assistant in the Certificate IV Oral Health Promotion course and has engaged a new Senior Dentist.

Family Counselling Services Programs (FCS program)

The FCS program Staff underwent and completed an extensive program-wide clinical governance training project over a 9 month period. This work has supported the establishment of weekly Team Leader meetings, more robust and regular clinical/client reviews and establishment of more formal clinical supervision being provided by a newly created Clinical Co-ordinator position.

As outlined above, the VAHS FCS program was successful in its bid for a 2 Year Demonstration site funding. This will test the newly developed service model in collaboration with three Area Mental Health Services and will identify the necessary workforce required to implement the model.

The FCS program also received funding from the NWPHN to expand its SEWB/Mental Health and AOD workforce to expand service delivery to the western suburbs. This has resulted in the engagement of additional Aboriginal Psychologists being employed at VAHS.

Women's & Children's Unit

One of our Women's and Children's staff members has successfully completed the Prescribing for Midwives Course through Griffith University and is now in the process of applying for a Medicare prescriber number which will enable Women's and Children's to claim for antenatal and postnatal visits.

Capacity Building/Workforce Development Initiative

VAHS has been successful in accessing a Workforce Development Grant which will support the conduct of a workforce needs analysis and development of a VAHS wide workforce development plan. We are in the process of recruiting planning for this position.

STRATEGIC GOAL 4:

Ensure the future of VAHS is supported by first class systems

A great deal of work has been undertaken to address the need to improve VAHS' back of house systems to support service growth and efficiency and to assist staff and management in meeting service, funding agency and community demands and priorities.

Highlights

MMEx (Patient Information Recall System)

A key priority of VAHS was to upgrade our patient information and recall system from Communicare to a cloud based application MMEx. VAHS researched suitable systems and found that MMEx better supported the many services and programs that VAHS delivers including accommodating our need for delivering outreach programs and the new clinics when established. MMEx is able to upgrade VAHS clinical systems to the highest quality tool for recalls, reminders, reporting and prescribing. Importantly it is widely used in Aboriginal Health Services around Australia.

LogicQC for Quality and Compliance

This program is a fully integrated quality management system that works alongside existing systems. It is Australia's leading quality, accreditation and risk management system in healthcare and community services sectors. VAHS LogicQC platform continues to be populated by the Quality Team and all program areas to support VAHS wide quality, safety and continuous improvement activity.

Netsuite

The Netsuite program has been implemented to support all purchasing transactions across the organisation and support finance to allocate expenses to relevant program areas. All Managers and Team Leaders have been trained in the use of Netsuite to ease the timely manual paper based administrative system associated with purchasing.

HR system

HR Subscribe has been purchased to support the HR unit to induct and keep online record of staff credentials and other required HR records. This package will be linked to LogicQC for quality and accreditation purposes.

The Lipmos Learning Seat

The Lipmos Learning Seat program has been purchased to support HR in the development and delivery of in house online staff training and development. The suite of training and professional development activities to be put on Lipmos Learning Seat continues to be developed including VAHS induction and orientation and other compulsory/compliance training requirements.

Deputy

Deputy is an online payroll system that has been put at all sites for VAHS staff to log on and off. It has reduced the amount of time and administrative burden of Managers and payroll staff spend in recording and calculating staff attendance and fast tracking the weekly payroll run.

Upgraded and updated VAHS IT hardware/software

VAHS continues to upgrade and expand our IT network to accommodate the new software and systems being implemented across the organisation and staff growth in different program areas.

Building Refurbishments

Through the establishment of an Infrastructure Committee, work on the redesign and expanded office space to accommodate more GP rooms and suitable space for visiting specialist continues to be planned for. Additional workstations have been established for staff throughout the buildings located at both Fitzroy and Preston.

STRATEGIC GOAL 5:

Shape VAHS as a Professional, Sustainable, well-led and governed organisation

Highlights

Board Charter of Corporate Governance

VAHS developed the Charter of Corporate Governance to inform the Board about its governance responsibilities as a Board member. The Charter outlines the roles and expectations of the Board in relation to strategy formulation, organisational performance, risk management, protocols related to service networking and communication with key stakeholder groups.

The Charter also assisted the Board in respect of the Board structure, Director requirements, expectations and duties, code of conduct and the leadership responsibility of Board Executive positions.

Finance, Risk and Audit Committee (FRAC)

The Finance, Risk and Audit Committee (FRAC) was established in 2017 to assist the Board in its responsibilities relating to budgets, finance, risk and audit. The FRAC is a Sub Committee of the Board of Directors and meets monthly and is supported by a Terms of Reference, providing reports to Board of Directors meetings. The FRAC is linked to the Quality and Clinical Governance Committee (QACG) to ensure that any risks to the organisation are able to be raised through either Committee directly to the Board as required.

Quality and Clinical Governance

In early 2018 VAHS established a Board Sub Committee specifically focused on Quality and Clinical Governance (QACG). The QACG is supported by a Terms of Reference and meets monthly to discuss and address complaints, incidents, risks, feedback and complement. The QACG Committee then reports directly to the Board at each meeting. This committee is Chaired by a VAHS Board Member and is supported by a Clinical Monitoring and Evaluation Working Group focused on managing clinical risks. A number of other working groups are proposed to support work of the Quality team and all VAHS program areas to support risk and incident management and quality management.

To support a systematic approach to Quality and Safety, VAHS has also purchased a new quality management system (LogicQC) to provide the required back of house system/program that will enable all staff to ensure compliance and log complaints, incidents, risks, feedback and complements and assist the organisation to better manage quality, safety and continuous improvement. The system provides for the escalation of incidents and risks management where issues have not been addressed within required timeframes/protocols. This work is being supported by the updating of the VAHS wide Quality and Clinical Governance framework.

STRATEGIC GOAL 6:

Develop and foster partnerships that add value to our service capacity

Highlights

VAHS has developed and sustained many partnerships over the years and more recently has signed off on and participated in several new activities promoting the partnerships that support service access and Aboriginal health and wellbeing.

VAHS Deadly Choices Campaign

VAHS signed an agreement that supports partnership arrangements with the Essendon Football Club, The Long Walk and the Institute for Urban Indigenous Health Ltd which supports the use of VAHS Deadly Choices Campaign materials in a number of Community events and campaign activities around Victoria during 2018.

VAHS was also proud to attend and be a major part of the launch of the Deadly Choices preventative health campaign at the Essendon Football Club on Friday 15th March 2018. The launch of the campaign was coincided with the 10th Anniversary of the Close the Gap day and was covered by Channels 7 and 9 and NITV.

Carlton Football Club

The Club supported the VAHS #HisTribe Healthy Lifestyles Challenge. VAHS was acknowledged and recognised by the Carlton Football Club when it received a Community Challenge Award in June 2018. Members of the #HisTribe Team were invited to a game between the Carlton and Fremantle Football teams at the Etihad Stadium.

The #HisTribe team set up a Guard of Honour for the Carlton Football Team before the start of the game and were recognised during the half-time break on the big screens.

Medical Clinic

The Medical Clinic has many partnerships that are crucial and vital to its continued service delivery. Some of these include:

- A Community Elders Service Incorporated (ACES)
- Bain and Company Pharmacy
- Royal Australian College of Optometry
- Murray City Country Coast GP Training (MCCC)
- North Western Melbourne Primary Health Network (NWMPHN)
- Royal Victorian Eye and Ear Hospital (RVEEH) providing a visiting Ophthalmologist (will include pre and post-operative support at VAHS).
- Schneirer Pharmacy (Sam's Pharmacy)
- St Vincent's Hospital Melbourne

Oral Health Unit and the Dental Hospital, Victoria

The Oral Health Unit's major partner for external referrals, staff education and training and external advisory support is Dental Health Services Victoria (DHSV). VAHS maintains a long-standing and strong and meaningful relationship with DHSV, and this relationship continues to strengthen each year.

Preventative Health Program

The Team has forged partnerships with both Merri and Darebin Community Health Services. This relationship supports Tobacco Cessation Specialists to visit VAHS once a fortnight with the TIS team managing the appointments.

Fourteen (14) Community members have accessed the Tobacco Cessation Specialists during the reporting period - three (3) of them quit including Aunty Rieo, an Aboriginal Health Worker at VAHS and the VAHS Chairperson.

VAHS use those persons who have participated in the program as Quit Champions on social media and at our events including World No Tobacco Day.

#HerTribe

VAHS partnered with the University of Melbourne and the evaluation shows Women experienced significant improvements across several important biometric and fitness-related outcomes, as well as increases in multiple dimensions of resilience and decreases in psychological distress.

Integrated Team Care (ITC)

The Integrated Care Team (ITC) is a new program at VAHS which commenced in August 2017. The ITC workforce consists of 2 X Outreach Workers and 1 Nurse/Care Coordinator. The program is funded by the North West and East Metropolitan Primary Health Networks (PHN's) to:

- 1) contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care; and
- 2) contribute to Closing the Gap in life expectancy.

In the 2017 -2018 financial year the team worked with 98 clients and delivered 2,844 Episodes of Care. VAHS has received positive feedback from our Regional PHN Coordinator's and our clients have stated that our service has been invaluable in assisting to manage their health needs.

Family Counselling Services (FCS) Program

The Family Counselling Services Program (FCS program) maintains multiple and complex partnerships and links with several external mental health, social and emotional wellbeing and alcohol and other drug service delivery providers including St Vincent's Hospital where VAHS has nomination rights to 5 dedicated beds (Psychiatric Unit). The partnership with St Vincent's also supports the delivery of our Psychiatry service through the employment and clinical supervision of our Psychiatrist and Psychiatric Registrar positions.

In 2017 VAHS was successful in its submission as part of a consortium with St Vincent's Health, Northern Area Mental Health Service and Austin Health Adult Mental Health Unit for a Demonstration Project to develop a service model and partnership arrangements that will support improved mental health and social and emotional wellbeing outcomes for Aboriginal people. A prelude to commencing the Demonstration Project was that VAHS FCS program would undertake a clinical governance project to place it in a strong position to lead the Demonstration Project. Work continues on planning to cement the partnership arrangements to oversee the ongoing development and future implementation of the Demonstration project.

The FCS program Ice Program maintains partnership arrangements with ReGen Uniting Care (Detox Unit) and Odyssey House (Rehabilitation Unit) to support community members affected by Ice and illicit drug use.

Wadamba Wilam continues to be a highly successful partnership between VAHS, NEAMI national and Northern Area Mental Health Service which provides assertive outreach to Aboriginal Mental Health clients that are homeless or are at risk of homelessness.

The Koori Education Engagement Project (KEEP) is a partnership arrangement between VAHS and the Thornbury High School. The continued delivery of the program is supported by a partnership agreement which enables the employment of a worker at VAHS one day a week to work directly with the school to support Aboriginal students that are transitioning through the school. The program aims to increase school participation, retention and completion rates and transition those into employment or pre-employment programs and activities. The program also supports the referral of children to VAHS's Koori Kids program for counselling and support where requested.

Through another long standing partnership with Housing Choices, VAHS FCS has nomination rights to 3 Units for clients with acute/severe mental health conditions. This is another successful partnership that supports accommodation for people with enduring mental health conditions.

The FCS service also supports Bunjilwarra, a 12-bed youth rehabilitation facility supporting young people aged 12-25 years. This program is co-managed with the Youth Support and Advocacy Service (YSAS) and is located in Hastings. FCS works in partnership with 5 other services and successfully gained funds to run two Men's Health Camps, one at Phillip Island and the other at the Morning Glory River Resort on the Murray River. This has been a long standing collaboration between the services involved.

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

FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2018

DIRECTORS' REPORT

Your directors present their report on the Victorian Aboriginal Health Service Co-operative Limited (VAHS) for the financial year ended 30 June 2018.

This year, the VAHS recorded its first profit in four years of \$48,997, a significant improvement in comparison to the previous year which reported a deficit of \$345,596. Total revenue increased by \$3.5 million (18%) as the VAHS continues to grow its programs for holistic health service delivery. Of particular note was the achievement of a 31% increase in self-generated income as the VAHS continues to improve its billing systems and processes. There has been a continuous drive towards increasing VAHS's self-generated income to reduce reliance on government funding – in line with VAHS's concept of self-determination.

Expenses for the period rose by \$3.1 million (18%) as part of the increased activity. During this period, VAHS made significant investments in IT and in the Fitzroy clinic infrastructure with the establishment of additional consult rooms for its GP's.

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

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

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

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

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

The names of the directors in office during or since the end of the year are: Ronald Briggs, Gary Murray, Leanne Brooke, Tony McCartney, Ross Morgan, Marie Sehgal, Ngarra Murray, Jasmin Wright, Brad Brown, and Jimi Peters.

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

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

DIRECTORS' REPORT (continued)

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

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

Ronald Briggs

Ron is passionate about Community and Aboriginal Health. He is actively involved in the Community through health promotion for men. Ron has a keen interest to help Community members become involved in sport, encourage men to become healthy role models for their families and Communities and to see Community healthy and grow old.

Over many years Ron has been involved in various committees in the Health Sector particularly around men's health and is aware of the health needs of the Community, currently Ron is employed as a Practitioner at the Magistrates Court.

Ron's passion is promoting the goodness of fathers in Community and the importance of their relationship with children and family.

Gary Murray

Gary Murray who was born in Balranald, NSW in 1951 is a Multi-Clan descendant of the Wamba Wamba (Vic/NSW Murray River), Dhudhuroa (Vic/NSW Murray River), Wiradjeri (NSW Bogan River), Yorta Yorta (Vic/NSW Murray River), Baraparapa (Vic/NSW Murray River), Dja Dja Wurrung (Loddon/Avoca Rivers), Djupagalk (Richardson River) and Wergaia Nations (Wimmera River). He is a father to twelve children and grandfather to twenty-four grandchildren.

He believes that activism, land, sport and education is intrinsic to good health and mind along with proper connection to Country and culture.

He has successfully passed Law subjects from The University of Melbourne in Torts and the Process of Law, History and the Philosophy of Law, Criminal Law, Property Law, International Law, Equity Law, Introduction to Archaeology, Koori and Non-Koori History-Colonial and Postcolonial Interchange, Introduction to Aboriginal and Torres Strait Islander Cultures, Human Rights Law, Environmental and Planning Law 1, Evidence, Environmental and Planning Law 2, Constitutional and Administrative Law, Health and Medical Law, Law and Indigenous Societies.

He has over fifty-two year's activism and experience in many aspects of the First Nations particularly in community development, native title, cultural heritage, economic development and human rights. He is a:

- Member of the Working Group of the Wamba Wamba Barapa Barapa Native Title Claim Group 2017-2018
- Founding Member and Chairperson Nicholls Foundation Aboriginal Corporation 2018
- Founding Member and Director First Nations Sports Foundation Aboriginal Corporation 2018
- Victorian Traditional Owner Land Justice Group Dhudhuroa Member and Honorary Secretariat Member 2005-2018
- Member Ballerit Mooroop Working Group 2011-2018

DIRECTORS' REPORT (continued)

- Member of the City of Moreland Reconciliation Action Group
- Victorian Treaty Interim Working Group Member 2016
- Member of the Victorian Labor Party Central
- Native Title Holder Wotjobaluk, Wergaia, Jardwajala, and Yupagalk Native Title Group, Wimmera 2005-2018
- Federal Court Representative Wamba Wamba Wadi Wadi Baraparapa Full Claim Group Negotiating Team and Federal Court Representative 2013-2015.
- Wamba Wamba Native Title Group Contact Officer for cultural heritage matters.
- An authorised Native Title Applicant to the Wamba Wamba Wadi Wadi Baraparapa Dja Dja Wurrung, and Yupagalk native title applications in North West Victoria 2000-2015
- Senior Co-Chair of the Dhudhuroa Native Title Claim Group in North East Victoria 2009-2018
- Founding Member and Director of the Dhudhuroa Waywurru Nations Aboriginal Corporation 2009-2018
- Former Chair Victorian Alps Traditional Owner Reference Group and Dhudhuroa Member
- Former Ballerdt Mooroop College Community Advisor Spokesperson Broadmeadows Local Aboriginal Education Consultative Group 2010-2018
- Yung Balug Clan Spokesperson and Co-Chair Boort Cultural Interpretive Centre Working Group 2003-2018
- Victorian Indigenous Cultural Education and Knowledge Centre Melbourne CBD Working Group Member.
- Founding Member of the Dja Dja Wurrung Clans Aboriginal Corporation 1998
- Murray Lower Darling Indigenous Nations Dhudhuroa Member 2011-2015.

Leanne Brooke

A proud Gunditjmara woman, Leanne has worked in the Melbourne Aboriginal community for over 25 years. Leanne is currently the General Manager of The Long Walk, Chair of Wandarra Aboriginal Corporation and volunteers with the Hume Aboriginal MyTime Group, a support group for community members who care for a child or young person with a disability.

Leanne is passionate about fighting racism and inequality, empowering our young people and ensuring our community members with a disability have a voice.

A strong advocate for community control and self-determination, Leanne believes in order for us to be a strong, healthy community we need to have control of our own health needs at a local level.

Tony McCartney

Tony was born in Balranald and his first home was a tent on the banks of the Murrumbidgee River. Tony's heritage originates from the Watchabaluk tribe in the western part of Victoria on his great Grandfathers side and from his great Grandmothers side which is the Nari Nari tribe that comes from Lake Mungo in New South Wales.

Tony is a father to five sons and four daughters and has ten grandchildren.

DIRECTORS' REPORT (continued)

Tony left high school at a young age to come to Melbourne to pursue an automotive career.

Tony has worked in a number of industries such as; transportation, automotive manufacturing servicing and repair, youth services institutional and community settings, drug and alcohol, employment recruitment, advocacy, housing, health, higher education and currently working in the VET sector in Melbourne.

Tony has held three senior management roles in Aboriginal organisations in Victoria and has been the Chairperson of VACCHO and the Chairperson of NACCHO.

Tony has advocated for his people at local, state, nation and international forums. Tony is committed to working to provide support to the community for better outcomes and holds a number of governance roles in Aboriginal Health, junior football, Aboriginal theatre company and early learning. Tony is the current President of Bubup Wilam Early Learning Aboriginal Family and Children Services.

Ross Morgan

Ross a proud Yorta Yorta man who has lived and worked in Melbourne for the last 20 years and originally from Shepparton is currently working as a Case Manager for Ngarra Jarranounith Place with Dardi Munwurro. A current Board Member of VAHS and on the Yorta Yorta Nations Elders Committee and a tireless worker for Aboriginal peoples.

Marie Sehgal

Marie is a proud Yorta Yorta woman. She has worked in the family, youth and children's sector for the last 6 years, 4 years of these working at ACCOs years after she studied to complete her Bachelor and masters in Social Work at La Trobe University. Marie has volunteered the last 5 years to being on a number of ACCO's boards, including spending the last 2.5 years as a Chairperson. Marie is a passionate in her support of the Aboriginal Community, in particular working with women and children. Marie was born in Melbourne, has lived in Melbourne, rural Victoria and Canberra, returning to Melbourne to complete her studies in 2012 with her daughter.

Ngarra Murray

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

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

DIRECTORS' REPORT (continued)

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

Jasmin Wright

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

Brad Brown

A proud Gunditjmara man Brad has worked in the Melbourne Aboriginal Community all of his life including 22 years as an Aboriginal Health Worker at VAHS and at various levels of management positions including his current role as Chief Executive Officer of Gippsland and East Gippsland Aboriginal Cooperative Limited (GEGAC) at the Cancer Council Victoria. Brad has a particular passion in reducing smoking levels in the Aboriginal Community and fills a national and state representation role in support of this aim. This includes driving towards better chronic disease management, empowering the Aboriginal Health services and preventative approaches.

Jimi Peters

Jimi Peters is a proud Yorta Yorta man from the Shepparton area, and is a descendant of the Briggs and Cooper Clan. Jimi has been working in Aboriginal Health at many levels for over 20 years including starting at VAHS in the early 1990s and at St Vincent's Hospital as the AHLO. Jimi has been employed at the VACCHO for over 15 years in many roles and areas including Aboriginal Eye Health State-wide Coordinator, Cultural Awareness Trainer, Medicare Enhancement Officer, Corporate Services, Indigenous Health Project Officer and currently the Manager of Public Health and Research. Jimi is a strong believer in Aboriginal Community Control and believes that Aboriginal health is best achieved by Aboriginal people being empowered to address their own health needs at a local level.

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

DIRECTORS' REPORT (continued)

During the financial year, 9 meetings of directors were held.

Attendances were:

Director

Brad Brown
Ross Morgan
Jasmin Wright
Ronald Briggs
Jimi Peters
Tony McCartney
Ngarra Murray
Marie Sehgal
Gary Murray
Leanne Brooke

Directors' meetings	
Number eligible to attend	Number of meetings attended
5	1
7	6
3	1
9	8
8	8
9	9
5	5
4	2
4	2
2	2

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 7.

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



Chairperson



Treasurer

Dated this 30th day of October, 2018

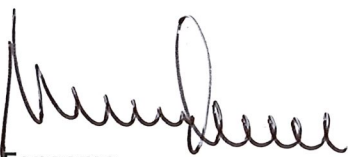
**AUDITOR'S INDEPENDENCE DECLARATION
TO THE DIRECTORS OF VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018 there have been:

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



McLean Delmo Bentleys Audit Pty Ltd



Martin Fensome
Partner

Hawthorn
30 October 2018

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

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
Revenue from operating activities	2	19,507,680	15,914,087
Revenue from non-operating activities	2	372,766	470,690
Employee benefits expense		(13,779,637)	(12,007,763)
Depreciation expense	4	(497,881)	(541,814)
Communications expense		(163,249)	(143,865)
Travel and accommodation expense		(131,214)	(105,244)
Medical and dental supplies		(440,629)	(445,044)
Repairs and maintenance		(246,836)	(232,538)
Cleaning expense		(243,177)	(167,994)
Professional and consulting fees		(728,265)	(581,773)
Computer software		(453,619)	(140,950)
Rent & Rates		(46,056)	(31,331)
Computer Services		(431,366)	(328,319)
Electricity usage		(111,451)	(122,919)
Program specific expenses		(1,622,199)	(1,027,007)
Motor Vehicle Expenses		(148,572)	(154,017)
Photocopy and stationery expenses		(102,866)	(112,048)
Food Supplies		(116,058)	(114,162)
Materials and Stores		(21,361)	(19,308)
Other expenses		(555,867)	(424,090)
Profit/(Loss) on sale of assets		8,854	(30,187)
Surplus/(Deficit) for the year		48,997	(345,596)

The accompanying notes form part of these financial statements.

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

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2018

	Note	2018 \$	2017 \$
CURRENT ASSETS			
Cash and cash equivalents – specific purposes	5	3,425,767	2,638,050
Cash and cash equivalents – others	5	4,855,338	4,828,939
Trade and other receivables	6	1,172,012	551,270
TOTAL CURRENT ASSETS		9,453,117	8,018,259
NON CURRENT ASSETS			
Property, plant and equipment	7	7,616,033	8,012,988
TOTAL NON CURRENT ASSETS		7,616,033	8,012,988
TOTAL ASSETS		17,069,150	16,031,247
CURRENT LIABILITIES			
Trade and other payables	8	4,385,300	3,521,924
Provisions	9	1,399,961	1,261,733
TOTAL CURRENT LIABILITIES		5,785,261	4,783,657
NON-CURRENT LIABILITIES			
Provisions	9	113,927	126,625
TOTAL NON-CURRENT LIABILITIES		113,927	126,625
TOTAL LIABILITIES		5,899,188	4,910,282
NET ASSETS		11,169,962	11,120,965
EQUITY			
Contributed equity		531	531
Reserves		3,632,443	3,632,443
Retained surplus		7,536,988	7,487,991
TOTAL EQUITY		11,169,962	11,120,965

The accompanying notes form part of these financial statements.

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

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
Surplus		48,997	(345,596)
Other comprehensive income – changes in asset revaluation reserves		-	-
Total comprehensive income		48,997	(345,596)

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2018

	Contributed Equity	Building Project Reserves	Capital Reserves	Retained Surplus	Total
	\$	\$	\$	\$	\$
Balance as at 30 June 2016	531	2,157,443	1,475,000	7,833,587	11,466,561
Additional equity contributed	-	-	-	-	-
Revaluation of freehold land and buildings	-	-	-	-	-
Deficit for the year	-	-	-	(345,596)	(345,596)
Balance as at 30 June 2017	531	2,157,443	1,475,000	7,487,991	11,120,965
Additional equity contributed	-	-	-	-	-
Revaluation of freehold land and buildings	-	-	-	-	-
Surplus for the year	-	-	-	48,997	48,997
Balance as at 30 June 2018	531	2,157,443	1,475,000	7,536,988	11,169,962

The accompanying notes form part of these financial statements.

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

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
Cash Flows from Operating Activities			
Grants received and operating activities	3	20,293,579	16,073,521
Interest received		155,802	168,593
Other receipts		1,548,808	2,302,891
Payments to suppliers and employees		(21,092,001)	(17,506,552)
Net cash provided by/(used in) Operating Activities	14	906,188	1,038,453
Cash Flows from Investing Activities			
Payments for property, plant and equipment		(198,426)	(271,245)
Proceeds from disposal of plant and equipment		106,354	146,000
Net cash provided by/(used in) Investing Activities		(125,245)	(125,245)
Net increase/(decrease) in cash held		814,116	913,208
Cash and cash equivalents at the beginning of the year		7,466,989	6,553,781
Cash and cash equivalents at the end of the year	14	8,281,105	7,466,989

The accompanying notes form part of these financial statements.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

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

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

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

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

(a) Income Tax

The Co-operative, being established for community services purposes, is exempt from income tax. The Co-operative is a charity registered with the Australian Charities and Not-for-profits Commission.

(b) Property, Plant and Equipment

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

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

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

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

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

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

(c) Impairment of Assets

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(d) Leases

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

(e) Employee Benefits

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

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

(f) Cash

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

(g) Government Grants

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

(h) Donations and Other Revenue

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

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

(i) Goods and Services Tax (GST)

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(j) Financial Instruments

Initial recognition and measurement

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

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

Classification and Subsequent Measurement

(i) *Receivables*

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market.

(ii) *Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the intention to hold these investments to maturity.

(iii) *Financial Liabilities*

Non-derivative financial liabilities are subsequently measured at amortised cost using the effective interest rate method.

Derecognition

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

(k) Critical Accounting Estimates and Judgments

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

The financial report was authorised for issue on 30 October 2018 by the board of directors.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
NOTE 2 REVENUE		
Revenue from operating activities - Grants and program revenue		
Commonwealth Government departments, funded agencies and authorities		
Department of Health		
Indigenous Primary Health Care Services	4,827,612	4,760,959
Tackling Indigenous Smoking	1,010,043	1,049,039
Commonwealth Home Support Programme	864,521	904,823
Service Maintenance Program/Continuous Quality Improvement	113,905	135,245
Department of Human Services		
Medicare	1,359,434	984,864
Practice Incentive Programs	200,343	203,814
Department of Social Services	137,770	137,652
Department of Prime Minister and Cabinet	234,716	52,791
Grants and program revenue from other Commonwealth funded agencies and authorities		
Eastern Melbourne Primary Healthcare Network	527,137	336,000
North Western Melbourne Primary Healthcare Network	1,700,514	-
Australian General Practice Training	97,676	279,846
Other	3,491	8,024
	11,077,162	8,853,057
Victorian Government departments, funded agencies and authorities		
Department of Health and Human Services	5,258,740	4,529,022
Department of Education and Training	608,513	595,480
Department of Justice	525,500	141,369
Victorian Responsible Gambling Foundation	498,297	332,803
Dental Health Services Victoria	119,934	118,214
	7,010,984	5,716,888
Non-Government program revenue		
Youth Support and Advocacy Service – Bunjilwarra	995,466	1,033,207
Royal Australian Colleges of Physicians	101,250	101,190
Other Non-Government program revenue	322,818	209,745
	1,419,534	1,344,142
Total Revenue from operating activities	19,507,680	15,914,087
Revenue from non-operating activities		
Donations	(66)	650
Expense recoveries	12,654	53,904
Interest received	148,592	168,593
Rent	178,493	56,232
Sundry sales and income	33,093	191,311
Total Revenue from non-operating activities	372,766	470,690

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
NOTE 3 GRANTS		
Grants and program revenue received during the financial year comprise		
Commonwealth Government departments, funded agencies and authorities		
Department of Health		
Indigenous Primary Health Care Services	4,827,612	4,760,959
Tackling Indigenous Smoking	1,010,043	835,007
Commonwealth Home Support Programme	864,521	904,823
Service Maintenance Program/Continuous Quality Improvement	-	150,000
Department of Human Services		
Medicare	1,359,434	984,864
Practice Incentive Programs	200,343	203,814
Department of Social Services	137,770	137,652
Department of Prime Minister and Cabinet	209,003	110,803
Grants and program revenue from other Commonwealth funded agencies and authorities		
Eastern Melbourne Primary Healthcare Network	481,347	439,528
North Western Melbourne Primary Healthcare Network	1,692,496	212,521
Australian General Practice Training	97,676	279,846
Other	3,491	8,024
	<u>10,883,736</u>	<u>9,027,841</u>
Victorian Government departments, funded agencies and authorities		
Department of Health and Human Services	6,193,065	4,617,431
Department of Education and Training	608,513	595,480
Department of Justice	525,500	100,000
Victorian Responsible Gambling Foundation	543,297	332,803
Dental Health Services Victoria	119,934	118,214
	<u>7,990,309</u>	<u>5,763,928</u>
Non-Government program revenue		
Youth Support and Advocacy Service – Bunjilwarra	995,466	1,033,207
Royal Australian Colleges of Physicians and Medical Administrators	101,250	50,000
Other Non-Government program revenue	322,818	198,545
	<u>1,419,534</u>	<u>1,281,752</u>
Total Grants and program revenue received	<u><u>20,293,579</u></u>	<u><u>16,073,521</u></u>

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
NOTE 4 SURPLUS(DEFICIT)		
Surplus/(deficit) has been determined after:		
Charging as expenses / crediting as revenue:		
Depreciation of property, plant and equipment	496,881	540,814
Amortisation of copyright	1,000	1,000
Total depreciation and amortisation	497,881	541,814
Rental expense on operating leases	46,056	31,331
Loss/(profit) on disposal of plant and equipment	(8,854)	30,187
NOTE 5 CASH AND CASH EQUIVALENTS		
Cash on hand	800	800
Cash at bank	8,280,305	7,466,189
	8,281,105	7,466,989
Cash is on hand or available on demand		
Non-interest bearing	800	800
Interest bearing	8,280,305	7,466,189
	8,281,105	7,466,989
Specific purpose cash assets		
Cash and cash equivalents are held for the following specific purposes:		
Unexpended grants and grants received in advance (Note 8(a))	3,425,767	2,638,050
Total specific purpose cash and cash equivalents	3,425,767	2,638,050
Other cash and cash equivalents	4,855,338	4,828,939
NOTE 6 TRADE AND OTHER RECEIVABLES		
Sundry debtors	1,172,012	551,270
No interest is payable on overdue debtors.		

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

		2018 \$	2017 \$
NOTE 7 PROPERTY, PLANT AND EQUIPMENT			
Land at independent valuation	(b)	3,200,000	3,200,000
Freehold building at independent valuation	(b)	2,775,000	2,775,000
Less: accumulated depreciation		(400,292)	(309,774)
		<u>2,374,708</u>	<u>2,465,226</u>
Leasehold buildings at cost		3,412,815	3,669,079
Less: accumulated depreciation		(2,115,541)	(2,291,811)
		<u>1,297,274</u>	<u>1,377,268</u>
Furniture and equipment at cost		629,033	2,757,511
Less: accumulated depreciation		(353,978)	(2,375,048)
		<u>275,055</u>	<u>382,463</u>
Copyright of floor design at cost		20,000	20,000
Less: accumulated amortisation		(20,000)	(19,000)
		<u>-</u>	<u>1,000</u>
Motor vehicles at cost		1,222,110	1,127,543
Less: accumulated depreciation		(753,114)	(540,512)
		<u>468,996</u>	<u>587,031</u>
Total property, plant and equipment		<u>7,616,033</u>	<u>8,012,988</u>

(a) Movement in carrying amounts

2018	Land	Freehold buildings	Leasehold buildings	Furniture & equipment	Copyright of floor design	Motor Vehicles	Total
	\$	\$	\$	\$	\$	\$	\$
Opening Balance	3,200,000	2,465,226	1,377,268	382,463	1,000	587,031	8,012,988
Additions	-	-	-	-	-	198,426	198,426
Depreciation	-	(90,518)	(79,994)	(107,408)	(1,000)	(218,961)	(497,881)
Disposals	-	-	-	-	-	(97,500)	(97,500)
Closing balance	<u>3,200,000</u>	<u>2,374,708</u>	<u>1,297,274</u>	<u>275,055</u>	<u>-</u>	<u>468,996</u>	<u>7,616,033</u>

(b) Asset revaluation

The Board valuations of freehold land and building were based on independent valuations conducted by Julian Valmorbidia Certified Practising Valuer of Wallace Commercial (Vic) Pty Ltd on 7 October 2017.
Refer to Note 20 for detailed disclosures regarding the fair value measurement of the VAHS land and buildings.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
NOTE 8 TRADE AND OTHER PAYABLES		
Trade creditors	317,896	393,180
Accruals	509,765	405,172
GST Payable	131,872	85,522
Unexpended grants and grants received in advance (a)	3,425,767	2,638,050
	4,385,300	3,521,924

(a) Unexpended grants and grants received in advance:

Unexpended grants are grants received on or before 30 June 2018 for which plans have been established for utilisation on or before 30 June 2019. Grants received in advance are grants received in the year to 30 June 2018 to be used in the year to 30 June 2019.

Commonwealth Government

Department of Health	-	113,905
Department of Prime Minister and Cabinet	60,000	85,713
Other Commonwealth grants	-	-

Victorian Government

Department of Health and Human Services	2,961,000	2,006,225
North West Metropolitan Primary Health Network	204,502	212,521
Eastern Melbourne Primary Health Network	155,265	201,055
Victorian Responsible Gambling Foundation	45,000	-
Department of Justice	-	18,631
Total unexpended grants and grants received in advance	3,425,767	2,638,050

NOTE 9 PROVISIONS

CURRENT

Provision for annual leave	806,031	705,272
Provision for long service leave	593,930	556,461
	1,399,961	1,261,733

Based on past experience, the association expects the full amount of the annual leave balance to be settled within the next 12 months. Further, these amounts must be classified as current liabilities since the Co-Operative does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlements

NON-CURRENT

Provision for long service leave	113,927	126,625
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A provision has been recognised for employee entitlements relating to long service leave. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria relating to employee benefits have been included in Note 1.

NOTE 10 RESERVES

Building project

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

Capital Reserve

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

NOTE 11 AUDITORS' REMUNERATION

Audit fees for auditing the financial statements	23,000	27,500
Fees for other consulting services	-	-
	23,000	27,500

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
NOTE 12 KEY MANAGEMENT PERSONNEL COMPENSATION		
Salary	756,871	689,783
Superannuation	64,137	52,181
	821,008	741,964
NOTE 13 RELATED PARTIES		
Directors and key management personnel are involved in other Aboriginal organisations and transactions occur in the normal course of business on an arm's length basis.		
In addition Board directors are offered normal tools of trade such as mobile devices to support them in delivery of Board services and these tools of trade are provided in accordance with normal policies and procedures.		
NOTE 14 CASH FLOW INFORMATION		
<i>(a) Reconciliation of Cash</i>		
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	8,281,105	7,466,989
<i>(b) Reconciliation of Cash Flow from Operations with surplus/(deficit) for the year</i>		
Surplus/(deficit) for the year	48,997	(345,596)
Non-cash flows in surplus/(deficit):		
Depreciation	497,881	541,814
(Profit)/loss on sale of asset	(8,854)	30,187
Changes in assets and liabilities:		
Increase in trade and other receivables	(620,742)	(1,828)
Increase in trade and other payables	863,376	781,580
Increase in provisions	125,530	32,296
Net cash provided from operating activities	906,188	1,038,453
NOTE 15 LEASE COMMITMENTS		
Payable - minimum lease payments		
Not later than 1 year	75,263	51,393
Later than 1 year but not later than 5 years	55,802	102,786
The office equipment leases are non-cancellable leases with up to three-year terms.	131,065	154,179
NOTE 16 EVENTS AFTER THE REPORTING PERIOD		
No matters or circumstances have arisen since the end of the reporting period which significantly affected or may significantly affect the operations of the Co-operative, the results of those operations, or the state of affairs of the Co-operative in future financial years.		
NOTE 19 CONTINGENT LIABILITIES		
In respect to the Smith St. Property, the Minister for Aboriginal Affairs has a mortgage of \$400,000 over the property.		

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

		2018	2017
		\$	\$
NOTE 20	FAIR VALUE MOVEMENTS		
	VAHS has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after initial recognition. VAHS does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.		
	Non-Financial Assets		
	Freehold land	2,880,000	2,880,000
	Freehold buildings	2,685,830	2,685,830
	Total non-financial assets recognised at fair value	<u>5,565,830</u>	<u>5,565,830</u>
	For freehold land, the fair value has been determined using a market approach using recent observable market data for similar properties. Significant inputs are price per square metre.		
	For freehold building, the fair value has been determined using a market approach using recent observable market data for similar properties. Significant inputs are price per square metre.		
NOTE 21	FINANCIAL RISK MANAGEMENT		
	The company's financial instruments consist mainly of deposits with banks, short-term investments, accounts receivable and accounts payable. The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:		
	Financial Assets		
	Cash and cash equivalents	5 8,281,105	7,466,989
	Trade and other receivables	6 <u>1,712,012</u>	<u>551,270</u>
	Total financial assets	<u>9,453,117</u>	<u>8,018,259</u>
	Financial Liabilities		
	Financial liabilities at amortised cost:		
	- Trade and other payables	8 <u>959,533</u>	<u>883,874</u>
	Total financial liabilities	<u>959,533</u>	<u>883,874</u>

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 8 to 21:
 - (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 2018 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 30th day of October, 2018

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

Opinion

We have audited the financial report of Victorian Aboriginal Health Service Co-operative Limited, which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion the financial report of Victorian Aboriginal Health Service Co-operative Limited is in accordance with the *Co-operatives National Law Application Act 2013* and Division 60 of the *Australian Charities and Not-for-profit Commission Act 2012*, including:

- (a) giving a true and fair view of the Co-operative's financial position as at 30 June 2018 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements, the *Co-operatives National Law Application Act 2013* and Division 60 of the *Australian Charities and Not-for-profit Commission Regulation 2013*

Basis for Opinion

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

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

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

Responsibilities of the Directors for the Financial Report

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

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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


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

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

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



McLean Delmo Bentleys Audit Pty Ltd



Martin Fensome
Partner

Hawthorn
31 October 2018



VICTORIAN ABORIGINAL HEALTH SERVICE

Caring for the Community

Victorian Aboriginal Health Service - Fitzroy

186 Nicholson St, Fitzroy VIC 3065

Ph: (03) 9419 3000

Victorian Aboriginal Health Service - Preston

238-250 Plenty Rd, Preston VIC 3072

Ph: (03) 9403 3300

Fax: (03) 9403 3333

Opening Hours

Monday to Thursday 9am to 5pm

Friday 9am to 4pm

Saturday Medical Clinic Only 9.30am to 12.30pm