



VICTORIAN ABORIGINAL HEALTH SERVICE

Caring for the Community



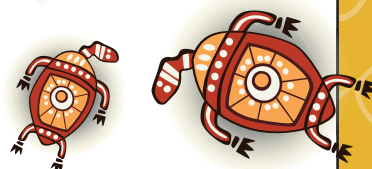
VICTORIAN ABORIGINAL HEALTH SERVICE
ANNUAL REPORT 2018-2019



Acknowledgement

The Victorian Aboriginal Health Service (VAHS) acknowledges the Aboriginal lands on which we live and work, we pay our respect to the Traditional Custodians and their Elders, past and present.

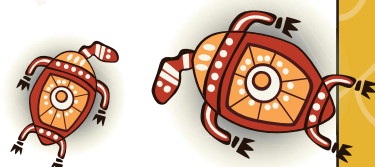
VAHS also acknowledges its past and present Board Members, staff, clients and Community Members who have contributed and supported VAHS from its early beginnings.

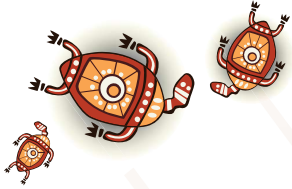




CONTENTS

Executive Report	4
Board of Directors	7
VAHS Staffing Profile	9
Our Vision	15
Our Purpose	15
Our Principles	15
Our Values	15
VAHS Model of Care	16
Service Data	17
Strategic Goals	
Goal 1: Extend our reach and improve access	19
Goal 2: Build program and service excellence	31
Goal 3: Invest in our workforce – making sure our staff are skilled and supported	36
Goal 4: Ensure the future of VAHS is supported by first class systems	40
Goal 5: Shape VAHS as a professional, sustainable, well-led and governed organisation	42
Goal 6: Develop and foster partnerships that add value to our service capacity	45
2018-2019 Auditors Financial Report	48



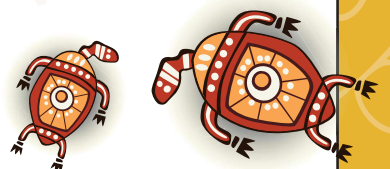


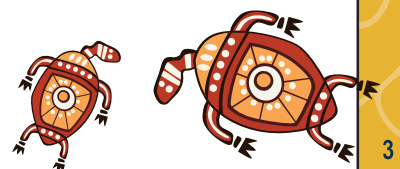
Disclaimer

While all care has been taken to ensure that information contained in the 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 Service is a child safe organisation.







Executive Report

Improved and upgraded systems and processes

The last year has been a 'break-out' year for VAHS with systems upgrading and improvement of our operational processes. Not only has this been beneficial for VAHS operations (and the benefits that will roll out to the Community), but much of this is in line with the VAHS Strategic plans and Accreditation (requirements where VAHS is regulated and must comply with many practice and clinical standards overseen by mainly the Australian General Practice guidelines and the National Safety and Quality Health Service Standards).

The VAHS Vision

The VAHS Vision guides and determines the organisation's approaches to generating and producing programs that promote and enhance health outcomes for Aboriginal people and families. The vision provides VAHS with a plan and mapping to inspiring VAHS to providing quality and effective community health services. We will do this by going through a flexible approach that is innovative, and embraced by Community and sets a standard as a centre of excellence for Aboriginal health internationally.

Systems and Back of House Upgrades

A lot of investment has gone into upgrading VAHS systems over the past 12-24 months. A lot of the back-of-house work has gone unnoticed. For example, VAHS has transferred all of its software from the traditional hard-servers to cloud-based servers and transition its Clinical Information Software from Communicare to MMEx as the new system which was seen as having enhanced capabilities and therefore better able to meet broader organisational data needs of VAHS.

The Oral Health Unit has installed an industry-proven specialised dental software program as well as a new software program that will improve efficiencies in claiming Medicare funding for the onsite digital imaging service.

Capital Upgrades

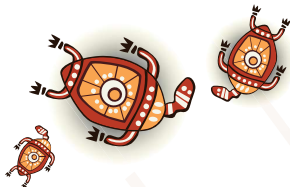
During the 2018-2019 period, work was undertaken to redesign and reconstruction of the VAHS Fitzroy medical reception. This work included upgrading a number of other clinical and consultation rooms at the Fitzroy site.

VAHS has been in discussion with the Wurundjeri Land Council looking at a concept plan and study for a VAHS satellite clinic at a Glenroy site.

VAHS Metropolitan Service Delivery Strategy

In line with the Strategic Goal number 1 "Extend our reach and improve access to services for the community" and after a great deal of planning, VAHS secured a building in the Epping Hub precinct and completing fit-out of the new Epping satellite clinic in May 2019. The clinic opened in July 2019 and the official opening was held on the 18 November 2019.





The Epping Satellite is a flagship service for VAHS and is the first of a number of satellite clinics outlined in the VAHS Metropolitan Services Delivery Strategy. VAHS is finalising a feasibility study that looks at establishing a site in Melton. Despite meeting and overcoming the many challenges, there have been some great innovations and additions to our services throughout the year. In the Medical Unit we have:

- Established an additional visiting Cardiologist from St Vincent's Hospital
- Engaged a visiting Pharmacotherapy Specialist
- Negotiated the services of a visiting Ophthalmologist from the Eye and Ear Clinic, to complement the current Eye and Ear Clinic
- Engaged the services of a visiting Optometry, Geriatrician, Dermatologist, and the continuation of a STI/BBV program lead by a new Registered Nurse.

In the Community Programs VAHS is negotiating to become a Home care Package Service. This is an extension to our Elders and disability services. It has recruited a new Podiatrist at 3 days per week. The Deadly Elders Circus continues to be popular and recognised and it has developed a formal Memorandum of Understanding with Circus Oz.

Workforce

There are some challenges with recruiting and engaging people into certain professional roles and this has an effect right across the health spectrum.

VAHS has recruited a new Pharmacy Assistant from its workforce where the person started at VAHS as a casual cleaner. The person has successfully qualified for a scholarship that will support her to be trained as a pharmacy assistant. 2 Aboriginal Health Workers in the Medical team have completed their Certificate IV Aboriginal Health Worker training.

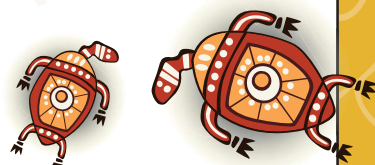
Partnerships
VAHS has focussed on establishing and consolidating relationships with other bodies as it can help to provide opportunities where none exists. Relationships and partnerships are built on strong foundations and it allows VAHS to work with bodies whose business is outside of our core business.

Children in Out of Home Care

It is widely acknowledged that the needs of Aboriginal children in the child protection system is a concern for our community. For example, vulnerable children in foster care or Out of Home Care need further support for their health and well-being and this is recognised by the VAHS Board of Directors. VAHS is talking to the Department of Health and Human Services (DHHS), the Aboriginal Commissioner for Children and Young People and the Victorian Aboriginal Child Care Agency (VACCA) towards developing a state-wide model of care for these children.

VAHS has also provided a submission to contribute to a new Victorian strategy that focussed specifically on health care for children in Out of Home Care. These partnerships are important for VAHS and it allows VAHS to partner with key organisations and play role in the delivery of health services for children and join in the journey of developing health and wellbeing responses to vulnerable children and their families.

VAHS will continue to look at either establishing or strengthening its relationships with other bodies including the Primary Healthcare Networks (PHNs), Hospitals, specialist health services such as the College of Optometry, and Australian Hearing. Accessing and receiving support through these arrangements and collaborations will provide increased access to services and improve health benefits ensuring improved outcomes for our community.





VAHS Constitution

VAHS has been considering a change in its Constitution and is seeking advice about options of governance under the Aboriginal and Torres Strait Islander Corporation Act. Many Aboriginal organisations throughout Victoria have changed their Constitution and this is an issue that VAHS will be discussing with its members going forward.

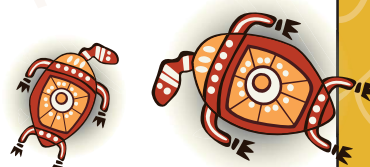
Highlights

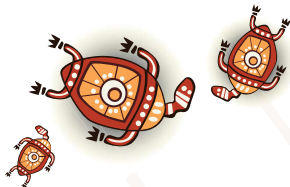
This has been a very industrious year for VAHS staff and the Board of Directors. It has been a long year for staff and Directors alike, a trying and sometimes overwhelming year of new developments, new systems, new learning, reporting and quality compliance, staff turnover, and challenges in recruiting.

VAHS has come out the other side better able to and better prepared for the many challenges ahead of us. Many thanks to the VAHS Management and Staff, the support of our partners, and especially the Board of Directors. Your involuntary work as a VAHS Board of Director and your commitment to volunteer your time and energy after-hours and on weekends to attend meetings has helped VAHS to progress many of its goals and activities during the year.

I also wish to acknowledge and thank the many Members and Community Members who continue to use our services, VAHS is very lucky to be surrounded and protected by this supportive environment and by the Community that we serve.

Gary Murray
Chairperson





VAHS Board of Directors

Garry Murray – Chairperson

Garry 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), Wiradjuri (NSW Bogan River), Yorta Yorta (Vic/NSW Murray River), Baraparap (Vic/NSW Murray River), Dja Dja Wurrung (Loddon/Avoca Rivers), Djupagalk (Richardson River) and Wergaia Nations (Wimmera River). He is a father to twelve (12) children and grandfather to twenty-four (24) 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.

Garry has over fifty-two (52) 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.

Ronald Briggs – Deputy Chairperson

Ronald is passionate about Community and Aboriginal Health. He is actively involved in the Community through health promotion for men, with 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.



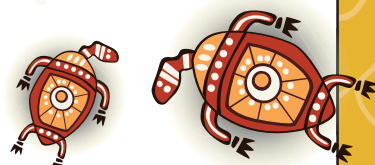
Over many years Ronald has been involved in various committees in the Health Sector particularly around men's health and is aware of the health needs of the Community, currently employed as a Practitioner at the Magistrates Court. Ronald's passion is promoting the goodness of fathers in Community and the importance of their relationship with children and family.

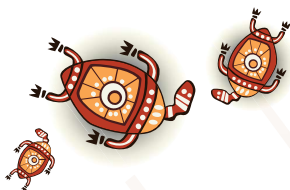
Leanne Brooke – Treasurer

A proud Gunditjmara women, Leanne has worked in the Melbourne Aboriginal Community for over twenty-five (25) years. Leanne is currently the General Manager of The Long Walk, Chair of Wandarra Aboriginal Corporation and volunteers with the Hume Aboriginal My Time 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, health community we need to have control of our own health needs at a local level.

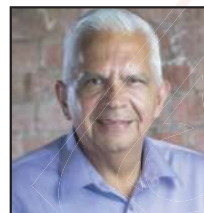




VAHS Board of Directors

Anthony (Tony) McCartney – Director

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 Wotjobaluk 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. A father to five sons and four daughters and has ten grandchildren, Tony had 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 previously been the Chairperson of VACCHO and the national Chairperson of NACCHO. Tony has advocated for his people at local, state, national and international forums and is committed to working to support the Community for better outcomes. He holds a number of governance roles in Aboriginal Health, junior football, Aboriginal Theatre Company and early learning. Tony is the currently President of Bubup Wilam Early Learning Aboriginal Family and Children Services.

Andrew Gardiner – Director

Andrew has more than 30 years' experience working in the Indigenous sector in Victoria and Far North Queensland, including seven (7) years with the Office of Aboriginal Affairs Victoria and the past thirteen (13) years with Dandenong and District Aborigines Co-operative Limited. As a proud Wurundjeri Woiewurrung man, Andrew has a strong understanding of Aboriginal culture and heritage as a traditional owner of Melbourne and a great belief in the principle of the Aboriginal Community Controlled Health sector, its workforce and its outcomes for the community.



Ross Morgan – Director

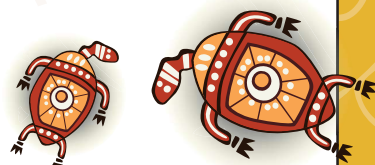
Ross a proud Yorta Yorta man who has lived and worked in Melbourne for the last 20 years. Originally from Shepparton Ross is currently employed as a Case Manager for Ngarra Jarranounith Place with Dardi Munwurro. A current Board Member of VAHS and is a members of the Yorta Yorta Nations Elders Committee.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

Marie Sehgal – Director

A proud Yorta Yorta woman, Marie was born in Melbourne and has lived in rural Victoria and Canberra. Marie returned to Melbourne in 2012 with her daughter to complete her studies in Bachelor and Masters in Social Work at La Trobe University. Marie has worked in the family, youth and children's sector for the last 6 years, 4 of these years working at ACCOs. Volunteering over the last 5 years on a number of ACCO Boards including 2.5 years as a Chairperson, Marie is passionate in her support of the Aboriginal Community in particular working with women and children.

Marika Jackomos – Director

Marika is a proud Yorta Yorta woman born and raised in Victoria, who comes from a family that is very active in the local Aboriginal Community. Marika is a confident leader and has worked in the health and welfare sector for almost 20 years. Marika loves her Community and is a strong advocate for culture being an integral way to healing and good health. Currently employed as the Manager of Aboriginal Programs at Mercy Hospital for Women where she leads a team that provides cultural support and advocacy to Aboriginal women and families.



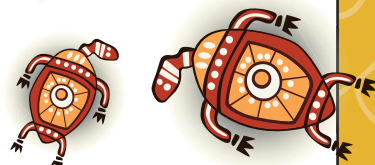


VAHS STAFFING PROFILE

Administration

Chief Executive Officer
Executive Assistant
Policy Officer
Project Officer
Secretariat Support Project Officer
Secretariat Support Officer
Chief Financial Officer
Finance Manager
Accounts Payable Officer
Payroll Officer
Payroll Officer
Human Resources Manager
Human Resources Advisor
Human Resources Advisor
Education and Training Officer
Clinical Director
Health Information Analyst
Health Informatics Support Officer
Health Information Systems Officer
Health Information Systems Officer
Health Information Systems Officer
Systems Improvement Officer
Service Development Manager
Quality Officer
Indigenous Outreach Worker
Medical Receptionist
Medical Receptionist
Receptionist
Receptionist
Receptionist
Receptionist
Receptionist
Receptionist
Receptionist
Receptionist
Receptionist
Receptionist
Receptionist
Senior Security Officer
Security
Security

Michael Graham
Angelina Kastamonitis
Reginal Thorpe
Gavin Brown
Lisa Briggs
Salina Bernard
John Yohanand
Shaila Moturi
Jhansi Vasireddy
Narelle Carter
David Wagstaff
Luisa Amarella
Merindah Brown
Florian Gaynor
Janet Muller
Dr Peter Walsh
Erin Manderson
Brodie Cook
Janina Chessells
Mahlia Peachy
Rheearnah Kennedy
Jeffrey Phuah
Amanda Punch
Kate Zee
Denise McGuinness
Jannalli Brown
Monique Squires
Courtney Bowden
Elizabeth Norris
Ethan Penrith
Evander Mitchell
Jayarra Smith
Jeannette Mooney
Kiahni Atkinson-Brown
Kiara Graham
Lindsay Bryant
Nikki Penrith
Shainayer Peachy
Taylor Cook
Tahyali Malone
Tanya Saunders
Alan Hedges
Lloyd Johnson





Security
Security
Cleaner
Cleaner
Cleaner
Manager Maintenance
Maintenance Officer
Maintenance Officer

Community Programs

Manager
Aboriginal Physical & Nutrition Officer
Aboriginal Health Worker
Allied Health Nurse
Allied Health Nurse/Assessment/Intake
Care Co-ordinator
Care Co-ordinator
Dietician
Indigenous Outreach Worker
Occupational Therapist
Physiotherapist
Transport Driver

Oral Health Unit

Manager
Dentist
Dentist
Dentist
Dentist
Dentist
Dentist
Dental Assistant
Dental Assistant
Dental Assistant
Dental Assistant
Dental Assistant
Dental Assistant
Trainee Dental Assistant
Trainee Dental Assistant
Trainee Dental Assistant

Family Counselling Service

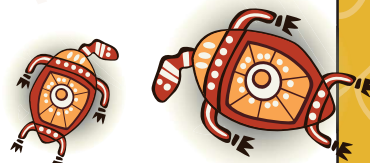
Acting Manager
Acting SEWB Adult Mental Health Team Leader
Clinical Coordinator
Operation Coordinator

Mark Love
Robert Champion
Steven Anderson
Andrew Atkinson
Sheyenne Mathews
Mark Singleton
Grant Andrews
Elijah Ingram

Emmie Lidis
Janaya Charles
Lorraine Cunningham
Natalie Birt
Deborah Birch
Dianne Crawford
Lynette Briggs
Claire Bowditch
Christine Ingram
Vivian Petrie
Josie Leys
Cameron Brown

Theresa McNally
Amrita Gokhale
Keerthana Ashwin
Kunal Kamble
Lovedeep Kaur
Ravindranath Buchireddy
Sruthi Rani Peruka
Ebtihag Jeffer
Pooja Panwar
Sarah Flynn
Senthilkumari Thirumalaivelu
Shaygne Hamilton
Silva Tomek
Alice Rose Wickey
Alita Thorpe
Jayzmyrn Fuller

John Egan
Erryn Nundle
Dr Graham Gee
Dalan Ruru





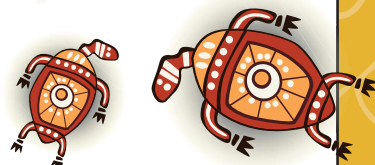
Coordinator Minajalku Healing Centre
Team Leader/Financial Counsellor
General Practitioner
VAHS Psychiatric Nurse
Psychologist
Problem Gambling & Generalist Counsellor
Adult SEWB Outreach Worker
Partners In Recovery Support Facilitator
Partners In Recover Support Facilitator
Financial Counsellor/Community Engagement
Bringing the Home Worker
Care & Recovery Worker/Metro Ice Project
Care & Recovery Worker
Housing & Wellbeing Support Worker
Family Counselling Receptionist
Family Counselling Receptionist
Cleaner
Team Leader, Koori Kids & Adolescent
Consultant Child & Adolescent Psychiatrist
Psychiatrist
Psychologist
Psychologist/Parenting Program Coordinator
Psychologist
Mental Health Clinician
Mental Health Clinician/Youth Outreach
Aboriginal Youth Justice Mental Health Worker
Counsellor
Financial Counsellor
Engagement Officer
Koori Kids SEWB Aboriginal Health Worker
Koori Kids SEWB Aboriginal Health Worker
Aboriginal Health Worker

Preventative Health Unit

Manager
Accredited Exercise Physiologist
Accredited Exercise Physiologist
Health Promotion Officer
Health Promotion Officer
Health Promotion Officer
Health Promotion Officer
Health Promotion Officer
Health Promotion Officer
Health Promotion Officer
Health Promotion Officer

Shelly Graham
Esther Gregory
Dr Thanuja Ranatunga
Grady Walsh
Tahnee McBean
Ian Gray
Garry Fitzgerald
Greta Duke
Leanne Hazelton
Chantelle McGuiness
Daria Atkinson
Andrew Brigham
Dennis Peachey
Lindsay Holmes
Samantha Downie
Katie Miler
Fiona Hughes
Joanne Dwyer
Ola Cook
John Koutsogiannis
Robyn Ball
Raelene Lesniowska
Roseanne Duff
Riwai Wilson
Angelica Tusini-Rex
Joanne Holo
James Moorehead
Miles Turnbull
Bianca Williams
Daryl Smith
Kristy Smith
Karina Thorpe

Lionel Austin
Andrea Stowe
Baelee Kireka-Mark
Brian Hutchinson
Clarisse Slater
Emily Ryan
Georgia Capocchi-Hunter
Jack Stevens
Jessica Mitchell
Klarinda Hudson
Lena-Jean Charles-Loffell
Lisa Joyce





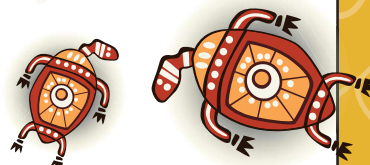
Health Promotion Officer
Health Promotion Officer
Health Promotion Officer
Health Promotion Officer
Health Promotion Officer
Health Promotion Officer
Lifestyle and Nutrition Advisor
Mind, Body, Spirit Project Officer
Trainer

Medical Unit

Fitzroy Site Manager
Practice Manager
Senior Aboriginal Health Worker
Support Worker
Aboriginal Health Worker
Aboriginal Health Worker
Aboriginal Health Worker
Registered Nurse
Registered Nurse
Allied Health Nurse
Care Planning Co-ordinator
Clinical Nurse
Clinical Nurse
Diabetes Educator
Dietician
Extended Skills Registrar
Senior Medical Officer
General Practitioner
General Practitioner
General Practitioner
General Practitioner
General Practitioner
General Practitioner
General Practitioner
General Practitioner
General Practitioner
General Practitioner
GP Registrar
GP Registrar
GP Registrar
H4IL Project Officer
Team Leader
Medical Receptionist

Montana Hudson
Natarsha Bamblett
Olanjuwon Sangster Bamblett
Rhian Lawrence
Somenah Nasir
Steven Glasby
Verhonda Smith-Robins
Luke Daley
J-Mara McDonald
Marayne Muller

Susan Hedges
Kaye Phillips
Stevie Lee Ryan
Beverly Hanley
Kelli McGuinness Jnr
Kim Dick
Rebekah Ellis
Kalina Brown
Sandra Gregson
Mary-Jane Hammond
Depika Kaushik
Jennifer-Lee Wisbey
Jermaine Charles
Mandy Williamson
Madeleine Ward
Jeanne North
Dr Gabby Hall
Dr Richard Sloman
Dr Debra Blackmore
Dr Elsa Gladigau
Dr Greta Basham
Dr Jesse Johnston
Dr Kieran Shields
Dr Laura Geogiou
Dr Ohnmar Singh
Dr Sally Stokes
Dr Sarah Koh
Dr Sarah Therese Cush
Dr Louisa Martin
Dr Yolanda Hannigan
Dr Alyssa Vass
Shelley Williams
Bonnie Kairouz
Celine White





Medical Receptionist
Medical Receptionist
Receptionist
Receptionist
Paediatrician
Pharmacist
Pharmacist
Driver
Medical Transport Driver
Transport Driver
Transport Driver
Transport Driver
Transport Driver

Men's Unit

Manager
Team Leader
Case Manager, Men's Family Violence

Women's and Children's Unit

Team Leader
Aboriginal Health Worker
Aboriginal Health Worker
Aboriginal Health Worker
Aboriginal Health Worker
In Home Support Worker
Maternal & Child Health Nurse
Maternal & Child Health Nurse
Paediatrician
Paediatrician
Paediatric Registrar
Midwife
Speech Pathologist
Speech Pathologist
Well Children's Aboriginal Health Worker

Bunjilwarra

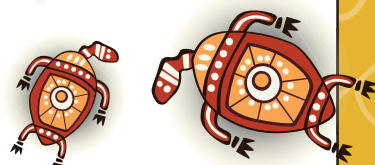
Cultural Lead
Clinical Lead
Health Information Support Officer
Residential Care and Recovery Worker
Residential Care and Recovery Worker
Residential Care and Recovery Worker
Residential Care and Recovery Worker
Residential Care and Recovery Worker
Residential Care and Recovery Worker

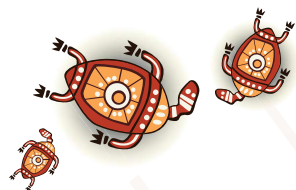
Courtney Charles
Sheeneeya Penrith
Demi Scott
Tearra Charles
Michael Creati
Atinuke Abraham
Lucy Egerton
Carly Flaherty
Brenton Flaherty
Anthony Pappas
Clinton Hallissey
Mark Brooke
Robert McGuinness

Alan Brown
Coen Brown
Michael Graham Jnr

Margaret Davidson
Bianca Charles
Cheryl Bamblett
Judith Singleton
Tindarra Hood
Yasmin Kastellorizios
Lalitha Chelliah
Theresa Brazzale
Dr Michael Creati
Dr Nirosini Kennedy
Dr Katherine Jarosz
Cindy Scott
Francesca Coles
Rosemary Clark
Katie Edney

Patrick Farrant
Peter Dawson
Jessica Manzie
Dev Abeyweera
Donna Morsman
Ebony Benning
Fiona Benassi
Fiona Karney
Ian McInerney

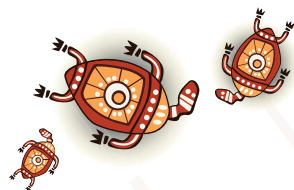




Residential Care and Recovery Worker
Residential Care and Recovery Worker
Residential Care and Recovery Worker
Residential Care and Recovery Worker
Residential Care and Recovery Worker
Residential Care and Recovery Worker
Residential Care and Recovery Worker
Residential Care and Recovery Worker

Kathleen Carson
Lisa Wilbraham
Mark Roach
Michael Greenwood
Salina Robinson
Sarah Hosford
Simone Sharp
Trent John





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 of 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, program design and delivery are guided by the principles of:

- Aboriginal Community Control
- Holistic health
- Well-being and healing
- Self-determination
- Cultural integrity

OUR VALUES

- Respectful and caring
- Accountable and responsible
- Honest and trustworthy
- Collaboration and inclusive
- Learning and sharing
- Strength in diversity

OUR STRATEGIC GOALS

1. Extend our reach and improve access
2. Build program and service excellence
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 partnership 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.

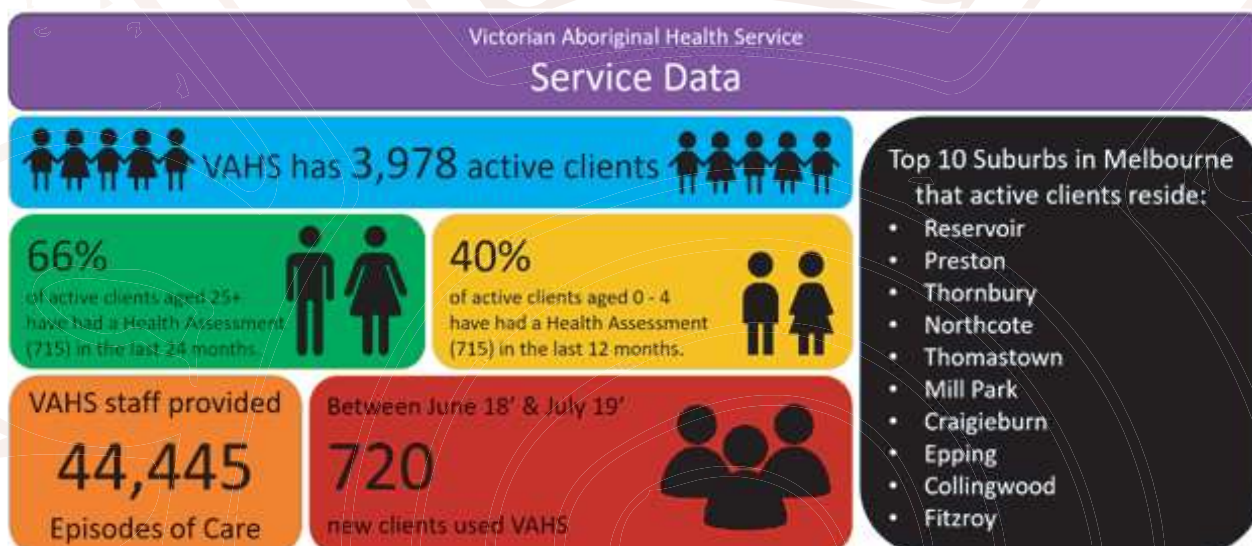
The VAHS service model of care provides for a comprehensive suite of programs and services including:

- Medical
- Oral health
- Allied health
- Specialist clinics
- Pharmacy
- Community programs
- Integrated Care Team – Care co-ordination
- Adult mental health and social emotional wellbeing
- Child and Adolescent (Koori Kids) social and emotional wellbeing
- Alcohol and other drugs support services
- Rehabilitation support
- Health promotion and prevention
- Maternity
- Early years
- Parenting
- Home and community care
- Women's and Children's health
- Men's health
- Financial wellbeing and financial counselling support
- Transport





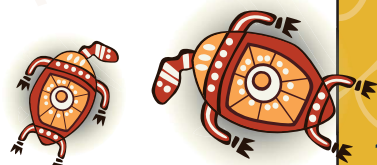
Service Data

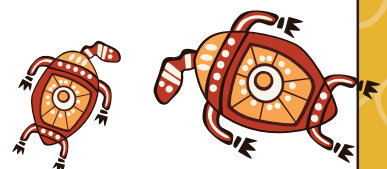


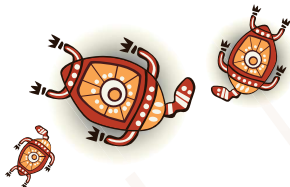
During the 2018-2019 period, VAHS has transitioned its Clinical Information Software (Patient Information System) from Communicare to MMEx.

In last year's Annual report, we focussed on the number of Health Check undertaken for total clients. In Communicare, an active client was considered someone who had visited the service 3 times in the previous 2 years.

Due to the change in system and the approach to reporting against strategic goals, this year we have focussed on reporting against the number of Health Assessments that have been undertaken during the 2018-2019 period which are reflected in the National Key Performance Indicators (nKPI) report in line with what we report to the Commonwealth Government which funds our primary health care activities. The difference is that the new reporting approach means that in the 2018-2019 reporting period is that active clients are considered to be any individual client seen at VAHS within the 12 month reporting period.







The following Annual Report outlines key program and activity highlights delivered by various program areas across VAHS which address our organisational Strategic Goals as outlined in our Strategic Plan 2017-2022

STRATEGIC GOAL 1 – Extend our reach and improve access

In response to community demand, VAHS made considerable investment in the establishment of the Epping satellite clinic during the 2018-2019 period. VAHS identified a suitable and accessible premises, and ensured the fit-out of the clinic to required accreditation/clinical standards and the recruitment of the required workforce. The Epping clinic opened its doors in July 2019 and is now operational and taking appointments.

VAHS was also successful in obtaining a grant to conduct a feasibility study into the establishment of a second satellite clinic in the outer Western suburbs to address community need for more locally accessible, culturally respectful community controlled primary health care services. Work continues on this project to develop approaches to progress the establishment of a VAHS satellite clinic in the Western suburbs.

Other key areas of focus for the 2018/2019 financial year required VAHS investment to meet our strategic goals including:

- Transfer of all VAHS software from hard servers to cloud based servers
- Rental and fit out of Epping Hub retail space to accommodate the VAHS Epping Satellite clinic
- New optometry equipment at Fitzroy VAHS
- Redesign and reconstruction of the Fitzroy medical reception area
- Upgrade of clinical rooms and consultation rooms at Fitzroy VAHS
- Commenced feasibility study for a VAHS satellite clinic in or around the Melton area
- Commenced development of a concept plan with Wurundjeri Land Council to support the development of a VAHS satellite clinic at a Glenroy site.

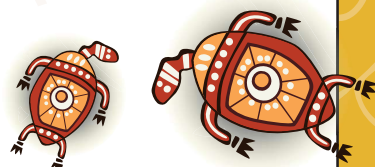
Aboriginal Workforce Development

An Aboriginal Workforce Development Strategy was funded in 2017/2018 to identify organisational training and education priorities and build workforce training and professional development opportunities to grow and support the Aboriginal workforce at VAHS. During this time VAHS used the initiative to establish relationships with Kangan Institute to commence the conduct of a skills audit. The project is being conducted in collaboration with Swinburne University for accredited training. Swinburne will also assist VAHS to accessing and gaining traction with training providers to provide identified education and training and enhance and expand the new program to support skills development of the Aboriginal Workforce and the Community.

Grants and Compliance

A Grants and Compliance position was established in 2018/2019 to support organisational funding and program compliance and reporting against service delivery outcomes and deliverables.

The position works across the organisation with program Managers and staff to ensure VAHS complies with contractual obligations and delivers a high-quality service for the Aboriginal community. Effectively meeting targets/deadlines and timely reporting can and will always be an argument to further develop, and enhance new programs based on delivery and demand and service usage by our community.





Clinical Director

The scope of the role of Clinical Director is broad. In terms of Extending our Service Reach, in 2018/2019 the position primarily focussed on the following activities:

- Advocating to the Department of Health and Human Services (DHHS) for sustainable and long term funding commitment to support the VAHS model of care including supporting the maintenance of a multi-disciplinary team care approach for vulnerable Aboriginal children, including those in out of home care
- Supporting the establishment of the VAHS Epping clinic, including recruitment of GP's and setting up of clinic processes and clinical systems
- Supporting the establishment of a new addictions medicine (pharmacotherapy) specialist clinic at VAHS
- Planning for a new visiting Respiratory specialist service at VAHS Fitzroy.

Medical Unit

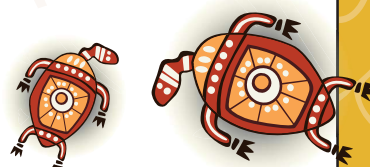
The work of the Medical Unit during the 2018/2019 period has focussed on establishing an additional visiting Cardiologist from St Vincent's Hospital. This clinic has been added to the existing visiting service at VAHS Fitzroy, along with an Echocardiograph Technician. Clinics are now held fortnightly at the Fitzroy site.

A visiting Pharmacotherapy specialist commenced visiting VAHS Fitzroy every 2 months to meet community needs in this area. After a period of planning, visiting Ophthalmology clinics from the Eye and Ear Hospital commenced in late 2018. These clinics are run fortnightly and both adults and children are seen at this clinic.

Visiting Optometry, Geriatrician, Dermatology, and General Surgery clinics continue to operate at VAHS Fitzroy on a regular basis.

VAHS recruited a new Registered Nurse to lead our longstanding VAHS STI/BBV program, and program activities in this area have been re-established.

The VAHS Fitzroy Medical Unit also provided assistance to support the establishment of the VAHS Epping clinic.





Community Programs

Allied Health Services

After a lengthy application process, VAHS gained approval as a provider of a Home Care Package Service in November 2019. This service has been named "Murrur Nangitt" (Caring for Elders) Home Care Packages, which is in the Woi Wurrung language spoken by the Wurundjeri people. To date, progress in establishing the service has been slow due to insufficient resources, however this will be prioritised in the current financial year.

VAHS gained access to the My Aged Care portal in July 2018 and referrals which supports access to allied health and nursing services through this platform have increased considerably. The team at VAHS has assisted many clients to register on My Aged Care over the past twelve months.

A new podiatrist commenced in August 2018 and is employed at three days a week. Prior to this, VAHS had a contract with CoHealth who provided a podiatrist at one and a half days per week. This has resulted in significant savings for VAHS and an increase in the number of clients that are being assisted.

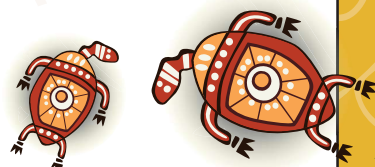
The Diabetes Clinic continues to be a successful strategy allowing community to access a multi-disciplinary team to ensure optimal care of diabetes. The Diabetes Club continues to run on a fortnightly basis and consistently attracts high numbers of attendees who are committed to learning about managing their diabetes and their health.

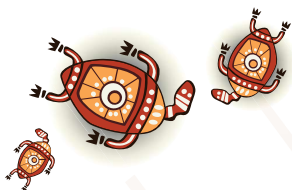
The Community Outreach Nurse works closely with GP's and commences Aboriginal Health Checks in client's homes which are then completed by GP's. The Community Outreach Nurse also administers flu shots for clients during home visits if needed. Our nurse has developed strong relationships with Aged Care Assessment Teams and has advocated strongly for clients to be prioritised for Home Care Packages. A number of VAHS clients have now been offered Packages as a result.

Clinicians delivered a successful health information day to the Whittlesea Aboriginal and Torres Strait Islander Social Support Group in May 2019. Information included: what is involved in an Aboriginal Health Check, the roles of the Community Outreach Nurse, the Occupational Therapist and the Dietician.

The Deadly Elders Circus continues to be an innovative and successful program and VAHS now has a formal Memo of Understanding with Circus Oz to enable us to work collaboratively.

VAHS celebrated and participated in Senior Citizens Week in October 2018 and organised a successful and memorable High Tea at the Windsor Hotel. Over 50 elders and staff attended and the feedback was very positive. The event was fully funded through a Victorian Senior Citizens Week grants from the Department of Health and Human Services and the City of Yarra.





Integrated Team Care (ITC)

A new Care Coordinator commenced in June 2019 who manages incoming referrals to the Integrated Team Care (ITC) program. This position ensures that all ITC referrals have GP Management Plans and Team Care arrangements before being accepted in the ITC Program.

There has been a significant increase in the number of referrals and the number of clients who have been assisted to manage their chronic health conditions. In 2018-2019 financial year, the ITC team delivered 6009 episodes of care including: care coordination, transport to specialist and other appointments, advocacy, information provision, referrals to other services and case conferences. The ITC service has developed an excellent reputation and track record for being instrumental in improving health outcomes for its clients. This has been a result of strong collaboration with the VAHS allied health team, GP's and specialists.







Oral Health Unit

The Manger of the Oral Health Unit continues to meet with Dental Health Services Victoria (DHSV) to advise, participate and assist in the new initiative to have every school age child receive dental treatment at their place of schooling. This requires participation to co-design the new School Dental Program at DHSV with other leaders of community centres from all over the state.

The pilot programme is underway now, with feedback meetings covering service delivery, equipment, staffing, timing, vehicle fit outs, routes and the challenges of providing this new service in purpose built vehicles.

The Oral Health Unit is negotiating with key stakeholders, with the aim of having access to a van on a roster rotation to go into schools that have a high number of Aboriginal children enrolled.

Given the high costs of setting up a complete dental practice and the mandatory accreditation issues, this approach is seen as the best option for VAHS to capture and educate our young people about oral health and provide extended service reach for those who are unable to bring their children in to see the Dentist at VAHS Fitzroy.

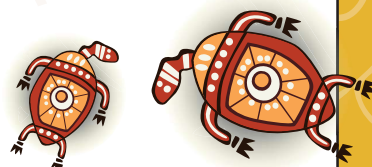
Family Counselling Services

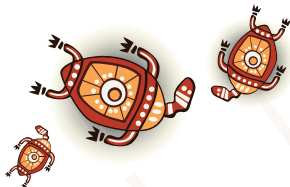
In 2017/2018 the VAHS Family Counselling Service (FCS) was successful in its application to the Department of Health and Human Services for a 2-year grant to develop an Model of Service to address and improve the social and emotional wellbeing needs of Aboriginal Adults with moderate to severe mental health conditions (Demonstration Project). This initiative was one of a number of priority initiatives stemming from Balit Murrup Aboriginal Social and Emotional Wellbeing Plan.

The Demonstration Project model of care involved the establishment of a multi-disciplinary team and consortium arrangements with three hospital partners including St Vincent's Hospital, the Northern Hospital and the Austin Hospital. The model proposed intended to increase FCS clinical and social and emotional wellbeing staff numbers. It will also review and improve partnership arrangements with the hospital's current referral pathways to and from acute and sub acute settings back to VAHS and other community based social and emotional wellbeing services with a case management model. This will be supported by a multi-disciplinary team to support clients in their social and emotional wellbeing journey.

Prior to commencing the Demonstration Project, VAHS Family Counselling Service undertook a Clinical Governance project to build organisational capacity and address clinical governance issues across the FCS program. To support this work, VAHS engaged specialist consultants to conduct the Clinical Governance Project which included the development of a FCS specific Clinical Governance Framework and a Gap Analysis to identify a number of systems and processes that required attention and needed to be addressed. A number of activities are currently being implemented including the expansion of the FCS workforce that included the appointment of a Clinical Co-ordinator position as well as clinical and non-clinical roles. This work also informed the development of new FCS intake and assessment needs process and case management model.

In addition to the Clinical Governance Project, the Family Counselling Service established a Clinical Co-ordinator position to support FCS staff with clinical supervision and support as a way to enhance Workforce Wellbeing. This was also a specific activity funded through the Aboriginal Workforce Development Project outlined above.





Financial Wellbeing Program

The Financial Wellbeing Program delivers culturally informed services directed towards increasing the confidence of individual Aboriginal people and families to effectively address financial issues and/or behaviours associated with gambling harm. This is achieved through a range of programs and services specifically directed to increasing the skills, knowledge and awareness of Aboriginal people and the impact of gambling. Key areas include:

- Partnerships and relationships with key organisations
- Collaboration with other organisations
- Clinical Education for Staff and the Community
- Building capacity of VAHS Staff and the community relating to address adverse gambling behaviours
- Delivery of Culturally Safe Therapeutic Counselling and Financial Counselling services
- Community education and awareness activities.

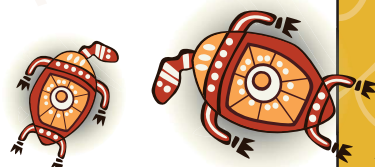
Bringing Them Home Program

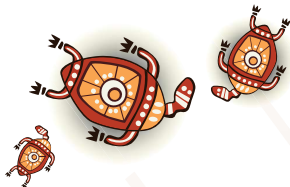
The Bringing Them Home Worker organised another great Sorry Day Event to commemorate the Apology to members of the Stolen Generations. Due to the 26.05.2019 anniversary date falling on a Sunday, a Sorry Day Morning Tea was held at VAHS Preston site with Stolen Generation T-Shirts and other Stolen Generation memorabilia in the colour purple being provided for those who attended. The morning tea was attended by the Mayor of Darebin along with Darebin Council staff. The event also included speeches by members of the Stolen Generations, the Mayor of Darebin as well as VAHS staff and others who wanted to pay their respects and talk about their experiences. The issue of reparations for members of the Stolen Generations was also raised as an issue for VAHS to advocate for.

2019 Men's Social and Emotional Wellbeing Camp

The Aboriginal & Torres Strait Islander Men's Health, Wellbeing and Cultural Camp was held on Gunditjmara country in Warrnambool on 2nd – 5th April, 2019. The Camp was open to Aboriginal and Torres Strait Islander men from the Northern and Western suburbs of Melbourne. Approximately 30 men attended with the youngest aged 16. Approximately ten (10) workers from; Melbourne Aboriginal Youth Sport and Recreation/Whitelion (MAYSAR), Victorian Aboriginal Community Services Association Limited (VACSAL), Victorian Aboriginal Child Care Agency (VACCA), Cohealth, Victorian Aboriginal Health Service (VAHS) and Neami (Wadamba Wilam staff) attended the camp.

The objective of the Camps is to support Aboriginal and Torres Strait Islander Men and to promote health and wellbeing initiatives. The Camp helps men to regain or strengthen cultural identity and it gives them an opportunity to see and learn new cultural aspects.





Koori Kids Program

In October, the program presented a single information session for staff, parents, and carers about 'How to Manage Kids' Strong Emotions'. Feedback indicated that all participants found this session to be an informative and constructive experience. One of the clinicians worked up until earlier this year, and we look forward to her continuing to share her experience and expertise with us in future information sessions.

The calendar for next year is currently in development, with Bringing up Great Teens scheduled for Term 1.

Living with Autism Program

The Living with Autism programme was held over an 8 week period. Due to the specific nature of this programme, the participant numbers are small. However, attendees indicated that they were benefiting from the group. Madeleine Ward from Fitzroy VAHS has given a presentation to the group about managing the food and dietary issues commonly seen with autism.

Let's Talk About Kids Program

In May and June, we held a six-week parenting group, Let's Talk About Kids – Parents Building Solutions, which was facilitated by Parentzone and Anglicare. This programme has been popular in the past, and we had good numbers and regular attendance again this year.

In anticipation of our next group, Bringing Up Great Kids for Kinship Carers (running from July 25th to August 29th), we held a Kinship Carer information session, with presentations from Kinship Carers (at Grandparents Victoria), and the Grandparents Adviser at Centrelink. We're grateful for the time and effort these presenters gave to make our carers aware of the entitlements and supports available to them.

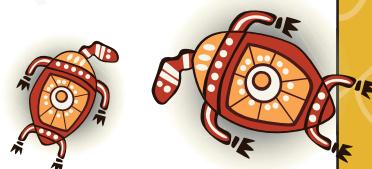
Youth Justice Program

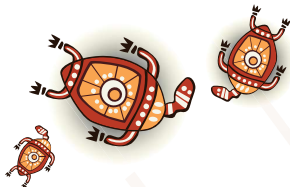
The VAHS Youth Justice Program Clinician continues to attend Koori Youth Justice Preston weekly on Tuesday afternoons and has a good collaborative relationship with them. The program has completed joint outreach visits with Koori Youth Justice workers to better engage and assess clients. Joint outreach has been to homes, Parkville Youth Detention Centre and Youth Court.

Our Youth Justice clinician also continues to support some of the Bert Williams Aboriginal Services workers and provide coaching around talking to their clients. Those youth who express thoughts of self-harm or when they're worried about a young person's mood and presentation, are able to access the clinician on mobile phone when needed.

Koori Kids Counselling Services

The Koori Kids team continues to provide Outreach Counselling sessions to Thornbury High School and our Mental Health Outreach Team (MHOT) continues to provide child and family therapy in our Preston Office. To account for the resignation of our Aboriginal Health Worker. Our Aboriginal Intake Worker regularly teams up with the MHOT to share ideas and knowledge about supporting our families.





Youth Psychosis Outreach Team (YOT)

The Youth Psychosis Youth Outreach team (YOT) has continued to provide outreach mental health assessments and treatment to young people within our catchment area. We are receiving a steady flow of referrals that include primary and secondary consultations; we have been able to provide a quick response to referrers and meeting the young person with or without family; having a dedicated Aboriginal Health Worker (role) in the team has been vital in terms of the engagement process by making the first contact. This has been essential for engaging a young person or the family.

The AHW role is often highlighted in secondary consult with mainstream professionals where there is a lack of understanding about the cultural needs of youth and how this impacts on their social and emotional wellbeing. It has worked well to have a strong advocate for the cultural needs of the young people; the Consultant Psychiatrist has been well utilised providing outreach psychiatry to youth who are unwilling to attend clinic based services, meaning that youth are able to access medication and medical review where they otherwise wouldn't.

We have attended the Headspace Craigieburn clinic regularly (Monday's fortnightly) and started seeing youth at this clinic, this has been easier to access for Aboriginal youth who live around this area; The youth outreach team has attended Kirrip House Melton regularly (Fridays fortnightly) and offered primary consults with families, facilitated referrals to Orygen Youth Health for these families and offered cultural support for engagement with mainstream mental health services.

Bunjilwarra

VAHS continues to co-manage the Bunjilwarra Youth and Adolescent Rehabilitation Service located in Hastings.





Preventative Health Unit

VAHS Preventative Health Unit (PHU) has delivered the Deadly Choices Leadership school program to the following schools;

- Sunbury High School
- Thornbury High School
- Lalor North Secondary College
- Epping High School
- Parade College
- Mernda Central P12 College.

The Team seeks to improve and build engagement with young Koori people targeted at school aged students through education on primary health care, chronic diseases and Tobacco Smoking. This engagement is to promote and enhance young people utilising primary health care services more regularly and to improve management of their personal and family health and wellbeing.

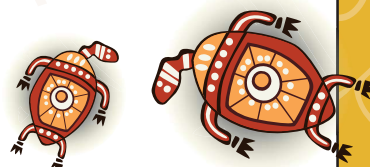
The VAHS PHU supported and implemented Smoke-free policies and environments at 3 major Victorian Aboriginal Sporting Carnivals held in Ballarat, Echuca and Shepparton. These activities were undertaken to promote and enhance healthier environments for communities to enjoy and minimise the exposure of tobacco smoke to young and senior people.

VAHS has established the Senior Games. The Seniors Games aim to increase engagement and social inclusion for our senior members of our community. The Seniors play multiple game apparatuses such as Darts, Bowls, Quoits and Basketball. Apart from the social interactions and connections, another benefit that this program provides improved coordination skills for seniors.

The Epping Community Day was held in May 2019. This event coincided with the launch of the new satellite clinic VAHS opened in the Epping. This event attracted over 350 people with 303 new registrations completed. The registrations identify members of the Aboriginal Community in the Northern Melbourne Region that are either a current or non-current client of VAHS. This action was also used to re-engage with VAHS clients who may not have utilised VAHS in the previous 2 years or more while also promoting access for new clients for VAHS.

The VAHS Family Mixed Netball Carnival was held in February 2019. This is a new social and community event to create more positive community engagement through sports. The event also promotes and strengthen family's structures and community connectedness in the community. Each participant is required to complete an annual health check through VAHS to be part of the carnival. There were 109 players (clients of VAHS) who participated in this carnival.

The VAHS PHU has a Community Programs Coordinator with a Communication Officer for Online and marketing purposes.





Women's and Children's Unit

Work continues with different organisations to improve services for our community. VAHS has been working with the Brotherhood of St Lawrence to assist clients to enrol in the NDIS and to access other services that VAHS doesn't already provide. This includes the establishment of a partnership arrangement with the Eastern Primary Health Network focussed on NDIS clients in the South Morang, Epping and Heidelberg areas.

Since the opening of the VAHS Epping clinic, referrals to VAHS Women's and Children's Unit (WCU) are coming from outer locations as far as Seymour. This has an impact on the current services and identifies the need for increased service delivery in outer suburban and rural areas.

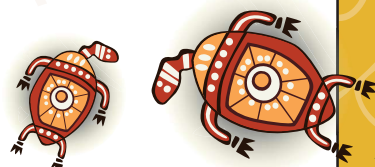
Ophthalmology Clinic at VAHS

VAHS has been in long term negotiations regarding a research project focussed on the appropriate treatment options of otitis media in urban Aboriginal children. The Watch/Inflate project looks at improving management of ear health problems in our children and is due to commence at VAHS in the next few months. The project comes with an Aboriginal Health Worker position to build our organisational capacity to undertake and participate in the project.

VAHS has been working with government agencies promoting holistic services to vulnerable children including children in out of home care and how we can expand and enhance our model of service on a longer term and ongoing basis. The Unit has commenced Medicare claiming and billing in most programs independently.

In September 2018 VAHS and the Royal Children's Hospital ran a Teddy Bear Hospital. Younger members of our community were invited to this day. The idea was to allow children to feel safe when undergoing tests in a hospital. The activity requires children to act as the doctors, students the assistants and their teddy bears are the patients. Each participant is provided with a teddy bear who they took to visit departments in a make-shift hospital. We had ambulances, x-ray, audiology, heart monitors, operating theatre, pathology and more.

Over 60 Children attended the day with approximately the same number of medical students. It would be interesting to know who had the better time, the children, the students or the staff!







STRATEGIC GOAL 2 – Build Program and Service Excellence

Key areas of focus during the 2018-2019 period focused on:

- Upgrading of service infrastructure to meet organisational needs such as IT and operating systems
- Partnership models with service providers and Aboriginal agencies
- Institute of Urban Indigenous Health (IUIH) mentoring for staff on Systems of Care
- Development of relationship strategies with Aboriginal and Mainstream agencies
- Re-establishment of the Quality and Clinical Governance Committee and structure.

Aboriginal Workforce Development

The key aims of the Aboriginal Workforce Development Initiative is to grow our Aboriginal Workforce and strengthen our programs and service delivery. The aim of the project is focussed on:

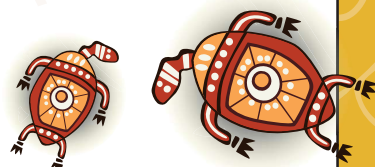
- Growing the Aboriginal Family Violence, family services and broader Aboriginal health and human services workforce
- Supporting Aboriginal Workforce development and health and wellbeing
- Continuing to build organisational capacity to support Aboriginal Workforce development and employment outcomes
- Improving local employment outcomes by strengthening pathways between education providers and employers
- Enhancing workforce planning approaches to better align workforces to service models, and
- Contributing to the cultural safety of health and human services.

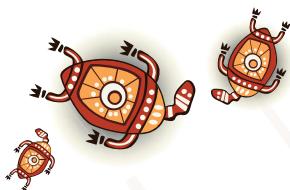
The Aboriginal Workforce Development Initiative is a broad approach to build on programs and service excellent over time and ensure it is culturally appropriate for our staff and community members.

Grants and Compliance

With the current demands from funding bodies, it is vital that VAHS is compliant in supplying them with the required and quality reporting to support continuation of future funding. This is done through provision of evidence and a number of different reporting measures including data (numbers), narrative (story), dashboards (snapshots), analytical/informational reports based on facts as well as briefs to identify challenges experienced and program performance against deliverables.

Program Funding and Compliance associated and contained in funding and service delivery contracts always involve an element of continuous improvement and discussion to inform improved service delivery and system development.





Clinical Director

A series of VAHS organisation-wide System of Care meetings were conducted during the 2018-2019 period to establish and work on priority areas. Following this, system development activities have been continued through discussions at Senior Management Team level, and other team and working group meetings.

VAHS continues to focus on prioritising preventive care for the Aboriginal community, including promotion of health checks, cancer screening and other areas of preventive health and wellbeing.

Since establishing that, cervical screening rates for VAHS clients remain low. A working group was established to develop and implement strategies that aim to improve screening rates and these included organising training for VAHS staff, upskilling VAHS nurses and community promotion activities.

VAHS re-established its Research Subcommittee in September 2018. The Research Subcommittee has been inundated with applications to participate in research projects. We continue to develop and establish VAHS specific research protocols and assessment tools to assist us in decision making processes related to research.

To date VAHS has agreed to participate in several research projects that aim to build the evidence base to improve care and outcomes for VAHS clients and the broader Aboriginal community. The topic areas of these projects include: the use of retinal cameras in diabetes education, the WATCH/INFLATE trials focussed on improving the care of children with ear health problems, health professional views about the prevention of Foetal Alcohol Spectrum Disorder in antenatal care. We are also in discussions around research partnership arrangements and trying to source funding to support our research capacity and establish our own research priorities.

Medical Unit

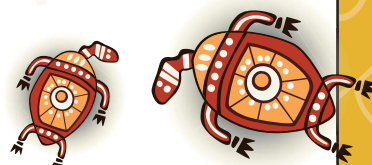
A new VAHS Fitzroy reception desk was designed and installed in May 2019 and has received positive feedback from staff and community alike. VAHS clinical staff continue to promote and undertake health checks, GP management plans and arrangements for team care, to ensure an organised and well co-ordinated approach to preventive health care and chronic disease management for VAHS clients.

Community Programs

Allied Health clinicians continue to be accompanied by Aboriginal Health Workers during home visits to ensure that culturally appropriate services are delivered. As part of the Diversity Plan that VAHS submitted to the Northern Metro Sector Development Team of the Commonwealth Home Support Program, VAHS' partnership with the Aborigines Advancement League (AAL) was selected as best practice. A video clip was produced where VAHS and the AAL showcased our work together and this was presented at a Northern Metro Alliance network meeting.

Oral Health Unit

The Oral Health Unit acknowledges and understands the many social and cultural issues that frame the service needs of our community. The staff of the Oral Health Unit work together to deliver treatment and to communicate effectively to our patients. Dental Health Services Victoria's (DHSV) Policy Advisers acknowledge VAHS' Oral Health Unit's holistic model of care delivered to our patients here as a leader in value-based healthcare, and delivering to patients the outcomes they want and need. Dental Health Services Victoria have come to VAHS to hear and learn from the experiences of the VAHS Oral Health Unit patient's and have learned how to improve Aboriginal patients' pathways through the maze at DHSV. This has improved the experience of Aboriginal people attending DHSV.







Preventative Health Unit

VAHS has re-launched the "Boorai's and Smoke Don't Mix" Campaign which was first launched in 1994 in partnership with Quit Victoria. This campaign was to educate parents, families and community to minimise exposure to Tobacco Smoke by young people in the community. The campaign was successful as more families and parents are creating better smoke-free environments to benefit younger people in the community (the children who participated in the campaign in 1994 are themselves parents today). VAHS has taken on this campaign again to continue to empower parents, families and community to create more and strengthen current smoke-free environments.

VAHS established a partnership with the Aborigines Advancement League (AAL) to co-host the Annual Christmas Tree Event. This is the first time the two organisations co-hosted the event to showcase that community controlled organisations can collaborate in partnership to deliver a positive community/family event for the community. Both VAHS and the AAL contributed equal share of cost to conduct this event to reduce operational cost, preventing competition and community bias. By all accounts the Christmas Tree Event was a great success with very positive community feedback.

Community Tobacco Cessation Stalls

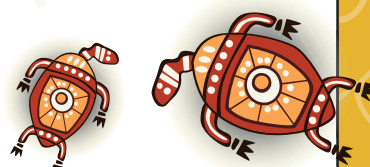
VAHS has implemented Tobacco Cessation Stalls as a community awareness and engagement tool to increase community member's quit attempts and increase knowledge on tobacco cessation, support services and prevention. Part of the community stalls are to break barriers around tobacco.

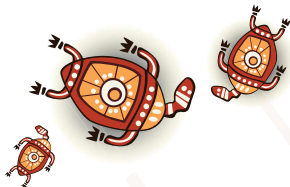
Women's and Children's Unit

The WCU conducted several planning days and developed work plans for each program.

Strengthening the VAHS system of care is ongoing, as new programs are introduced, we continue to look at the referral processes, intake, allocation of Aboriginal Health Workers and other health professionals working at VAHS who are seeing and working with our community.

With new guidelines for programs including In Home Support and Maternal and Child Health, we are working with the VAHS Health Information Team to use MMEX to provide an evidence base to inform the approach to our work.





Family Counselling Service

Delivery of 'Deadly Dads' Parenting Program, Ravenhall Prison

VAHS successfully ran its second 'Deadly Dads' Parenting program for Aboriginal men at Ravenhall prison. The program ran for 2.5 hours per week over 7 weeks, from: 7th August - 2nd October, 2018.

A total of 8 men participated in the program, from the 'protection community', with an average of 5 men participating in each session. Raelene and Aboriginal Health Worker/Elder Uncle Daryl Smith, attended and facilitated each session at the prison.

Evaluation feedback indicated the men gained a lot of new information and skills from the program and enjoyed the sessions, as indicated by some of their comments below:

"I got a lot more out of this program than I thought I would. It opened some more doors for me".

"I learnt how to talk with my kids, understand them more. I now think about just what to say before I say it".

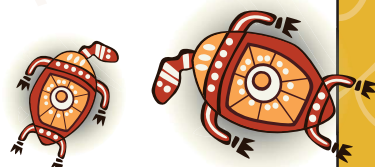
"It's a very much needed program, at all jails in Victoria. It left me wanting more".

"After doing the program, I feel more relaxed, like feeling a sense of feeling good about myself. I'm looking forward to the next program".

"Thank you both for bringing the program to Ravenhall. It should be taken all over Australia and communities".

Financial Wellbeing Program

From August 2018 VAHS staff participated in a series of meetings with VAHS senior management and the Victorian Responsible Gambling Foundation (VRGF). The meetings were held to confirm the VAHS agreement to partner with the VRGF to facilitate a funded Research project to examine VAHS experience of delivering Gambling Services since 2010 and community views in regard to Gambling Help services models. The Research Project was supported by the VAHS Research Subcommittee and is scheduled to commence July 2019.





STRATEGIC GOAL 3 – Invest in our Workforce, making sure our staff are skilled and supported

After some challenges to recruit, we were successful in the appointment of an Aboriginal Workforce Development Officer (AWDO) after obtaining an Aboriginal Workforce Development Grant which is aimed at building workforce capacity and provide education and training pathways for our Aboriginal workforce.

VAHS made significant investment into updating IT infrastructure including hardware and software upgrades and to assist staff capacity to provide enhanced delivery of services.

Aboriginal Workforce Development

During the course of 2018/2019 (prior to the appointment of the AWDO Officer), VAHS management ensured that relationships were established with Kangan and Swinburne to discuss opportunities for Aboriginal Staff and the conduct of a skills audit across VAHS to identify our skills gaps. The skills audit is due to commence in late 2019.

A small number of Traineeships offers are part of the Workforce Development Project. The nature of the traineeships that will be offered will be informed by the skills audit and areas where we might be short of staff. The Traineeships will provide a good pathway to employment and provide trainees with a strong starting point for a career in Aboriginal health.

Training and Professional Development

Training, education and professional development activities including short courses such as First Aide, CPR, OH&S, Child Safety, Emergency Codes training and other essential training. The Training and Development Officer also continues to explore other training and professional development opportunities requested/required by VAHS staff on an as needs basis. The Training and Development Officer and the Workforce Development Officer will work to ensure a co-ordinated approach to VAHS training and professional development to support the implementation of the Workforce project.

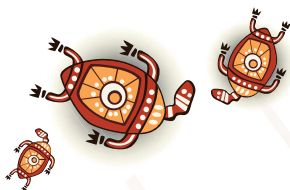
Clinical Director

VAHS hosted four GP registrars on placements from MCCC, with Registrars being supported to see VAHS clients, and participating in in-house training.

VAHS has re-established links with the University of Melbourne to host medical student placements, as well as responding to requests from medical and other students from several universities across Australia.

The Institute for Urban Indigenous Health (IUIH) delivered a series of workshops across each of VAHS Units to train and support staff in the use of MMEx, as well as about strengthening associated clinical systems.





Medical Unit

A new Pharmacy Assistant commenced in late 2018, after having started work at VAHS as a casual cleaner. Under the guidance of her supervisor and the VAHS pharmacists, the new pharmacy assistant qualified for a scholarship that is supporting her to be trained as a pharmacy assistant.

Two Aboriginal Health Worker staff in the Medical Team are currently completing their Certificate IV Aboriginal Health Worker Training. Retinal camera training has been delivered to VAHS Fitzroy staff, and the use of retinal cameras to screen the eye health of VAHS clients with diabetes is being integrated into usual care.

In supporting mentoring approaches and staff capacity building and two way learning, each nurse or AHW in the clinic are linked with a specialist. As they work alongside their chosen specialists, they are provided with a deeper understanding of the chronic condition being managed as well as the ways to provide preventative health support to community members. VAHS reception and administrative staff have been supported to undertake a series of online and face-to-face training courses to build their skills. Staff from the Institute of Urban Indigenous Health (IUIH) have provided a series of upskilling workshops to VAHS staff that include coverage of medical systems, and MMEx, VAHS clinical information system. VAHS recommenced hosting placements for GP registrars and medical students. By enabling registrars and students to have experience and training in working in an Aboriginal community-controlled health service, these placements are key to the development of VAHS' future GP workforce.

Efforts continue to support staff working in the medical clinic including opportunities for professional development. We also continue to look at funding opportunities which will support the expansion of the current clinic workforce.

Community Programs

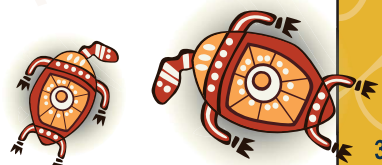
A VAHS Dietician and ITC Outreach Worker delivered a presentation on Deadly Elder's Circus at the International Healing the Spirit Conference in Sydney.

VAHS supported one of our Integrated Team Care Outreach Worker to attend the Lowitja Institute Conference in Darwin. CarerLinks North delivered a training session to Community Programs staff on carer services.

Oral Health Unit

The Oral Health Unit have recruited a well-respected dentist whom our community trusts and values. The Senior Dentist mentors less experienced dentists employed at VAHS to help grow their skillset, professionalism and understanding of working in an Aboriginal people and community.

Education and training for Oral Health Unit staff in the NSQHS Standards 2nd Edition started early in 2019 to support our efforts to be on the front foot to achieve accreditation.







Preventative Health Unit

The VAHS Preventative Health team have been trained in best practice Tobacco Cessation. This training increased team capacity to increase community engagement activities focussed on preventing and encouraging quitting Tobacco Smoking.

Women's and Children's Unit

VAHS is aware that in some program areas we need to employ additional staff to assist with new programs, manage long waiting lists, and provide Aboriginal Health Worker support to programs and practitioners. This needs to be in conjunction with VAHS receiving adequate levels of funding for services from government, for things like enhanced Maternal Child Health, Paediatricians, and Social Workers.

VAHS has undertaken regular supervision of staff and regular training.

Information sessions continue to be delivered regarding different topics such as Medicare. Future sessions need to include NDIS, Child Safe policy, Child Protection reporting, etc.

Family Counselling Service

Koori Kids Parenting Program

The VAHS Parenting Program Co-ordinator attended facilitator training for the Parents Building Solutions parenting programme, provided by Anglicare, Victoria. Parents Building Solutions (Let's Talk About Kids) is a flexible programme which was piloted with a parent group at VAHS and was very well received.

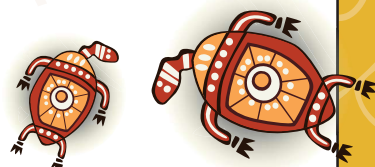
Radhika Santhanam (clinical psychologist) provided a workshop at one of the 'Managing Children with strong emotions' sessions.

Team Development Workshop

The Koori Kids Team held an all-day workshop on February the 18th 2019. It was facilitated by David Mushin. After a broad discussion of how team members see the nature of Koori Kids, there was discussion about how cultural issues influence the way in which the team functions. This included consideration of factors affecting the functioning of a multicultural and multidisciplinary team. The responses regarding the team were generally positive.

Koori Kids Cultural and Clinical Seminars

The fortnightly professional development sessions pairing Aboriginal workers with Non-Aboriginal workers together to present on the cultural-clinical approaches continue to take place. It is agreed that these presentations strengthen the practice of all workers by validating and developing cultural knowledge and practice alongside clinical frameworks.





STRATEGIC GOAL 4 – Ensure the future of VAHS is supported by first class systems

Clinical Director

VAHS period of transition to MMEx was supported by regular meetings of a user group with membership across the organisation. Training and support was provided in-house, as well as by staff from the Institute for Urban Indigenous Health (UIIH). Work is ongoing to customise the MMEx system for use in a VAHS context, and to increasingly make better use of MMEx capabilities to support high quality clinical and preventive care and systems.

The Clinical Director continues to seek funds from DHHS to employ a VAHS Medicare Support officer. The position continues to review and enhance VAHS policies and protocols around staff immunisation, responding to requests for medical information, Code Grey, and other clinical systems.

The Clinical Director is reviewing the VAHS formulary to ensure that medicines being paid for are evidence-based, and ensure that costs are not impacting negatively on VAHS clients or staff.

Medical Unit

In September 2018, VAHS changed clinical information systems from Communicare to MMEx, a web-based electronic health record software. The first six months were challenging because staff were learning a new system but they also had to negotiate issues with data transfer/migration. After the initial difficulties, and with the support of senior staff, the VAHS Health Information Team, MMEx and UIIH, VAHS clinical staff have adjusted to MMEx and are making increasing use of the system's capabilities to support clinical care, preventive care, recalls and other aspects of service delivery. More reception and administration staff are required to further develop the back of house systems within the VAHS Medical Unit; recruitment efforts for these roles is ongoing.

VAHS Fitzroy clinical services are Australian General Practice Accreditation Limited (AGPAL) accredited. Planning has commenced for re-accreditation in 2020.

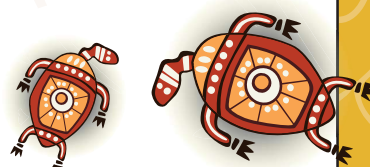
Oral Health Unit

The Oral Health Unit holds all patient records within an industry proven specialised dental software programme EXACT. The program has had a substantial revision this year, allowing the Oral Health Unit more reporting options.

The Oral Health Unit have installed and learnt the new software programme CIRAD to more efficiently claim Medicare funds from the onsite OPG digital Imaging service. This has resulted in a substantial increase in Medicare funding over the last year.

Women's and Children's Unit

Training continues for staff to perform tasks like scanning, Medicare billing and claiming. Data entry tools are being added to the MMEX system.







STRATEGIC GOAL 5 – Shape VAHS as a professional, sustainable, well led and governed organisation

Clinical Director

Areas of priority to address sustainability include the following:

- Board Code of Conduct
- Board Governance training through Aboriginal Workforce Development Project
- Profile Board with skill and experience sets
- Establishment of a Senior Executive Strategic Group
- Increasing Medicare and PIP income
- NDIS Business case study
- Other Billings for services
- Strategic frameworks within Government sectors (self-determination model)
- Quality and compliance structure and framework for whole of organisation which takes into account 8 separate accreditation standards (national and program level standards)
- Implementation of Logic QC to support quality and document management
- Finance, Risk and Audit Committee (FRAC) structure. The FRAC is a Board Subcommittee which meets monthly to discuss VAHS financial, risk and audit issues. It is chaired by the VAHS Treasurer who is responsible for presenting financial reports to each Board meeting.

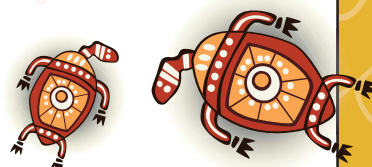
Grants and Compliance

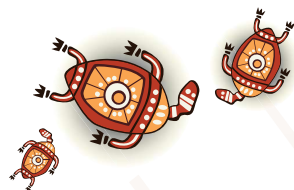
Funding Bodies provide program guidelines and contractual requirements for VAHS to meet, in order to receive funding. It is solely up to VAHS to ensure that the Quality and Compliance of the organisation is at an excellent and manageable standard. Working across the organisation and closely with the finance Unit, the Grants and Compliance Officer position plays a critical role in supporting VAHS Program Managers and staff to ensure program reporting and compliance and identifies opportunities to support quality improvement where needed.

Clinical Director

The Clinical Director provides ongoing review and enhancement of systems around Medicare claiming and payment, and expanding VAHS participation in the Practice Incentive Program, particularly around teaching.

The Clinical Director is also working with VAHS quality team to develop VAHS Clinical Governance Framework, including holding a workshop for VAHS staff and management in May 2019 and drafting the Framework.





Medical Unit

The VAHS Medical Unit is committed to an ongoing focus on making the most of the Medicare Benefits Schedule and the Practice Incentives Program to contribute to financial sustainability of VAHS programs. This has included a focus on developing improved systems for the processing of Medicare claims.

Community Programs

Contractual agreements have been made with a number of Home Care Providers to enable VAHS to invoice Home Care Packages for allied health and nursing services provided. VAHS commenced invoicing Home Care Packages and NDIS Packages for allied health and nursing services that have been provided.

All reporting requirements have been delivered within specified timelines.

Oral Health Unit

The VAHS Board and Executive Team will become conversant with the NSQHS Standards 2nd Edition, as mandated in the 2nd Edition.

The Oral Health leadership model is to:

- mentor younger, inexperienced staff with successful role models within the workforce
- offer education, training, and improve literacy and numeracy encompassed within a good work ethic
- provide understanding on how to best to teach staff and how individual staff are most receptive to learn.

The Oral Health Unit Manager has achieved additional funding from Dental Health Services Victoria to enable the purchase of two new state of the art bench top sterilisers for our Sterilisation Room and a new surgical unit to assist with extractions.

The Oral Health Unit hold the NSQHS Accreditation that ensure quality and compliance are embedded into everyday practice, treatment, protocols and guidelines. Monthly Audits and Reports build on compliance and quality in service delivery.

Women's and Children's Unit

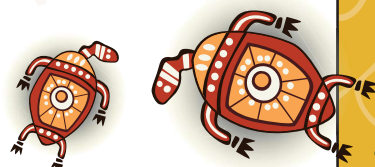
VAHS senior staff will be approaching funding bodies to advocate program equity and fund the same rates as the Department does to other service providers such as local council centres and hospitals.

Although VAHS provides a comprehensive and safe care for its clients, many funding streams come with no inclusion for administration, vehicles/fuel or AHWs which are critical parts of our service model and approach.

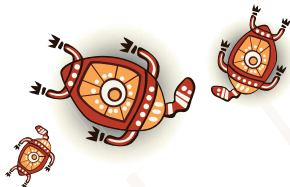
Data cleansing for the Medicare billing has occurred and is ongoing as we ensure that payment is made for work completed.

The VAHS midwife has obtained a provider number and is now billing and claiming Medicare. The Women's and Children's Unit is looking at Medicare claiming potential for other staff.

NDIS has the potential to increase revenue into VAHS after a period of time as more members of the community enrol for and are accepted for an NDIS package.







STRATEGIC GOAL 6 – Develop and foster partnerships that add value to our service capacity

Key priorities have focussed on the establishment of a number of relationship strategies and partnerships arrangements. Note some of these are separate from our core business and this needs to be maintained as they do provide service opportunities where VAHS is not in a position to deliver.

The self-determination state funding model is an ongoing challenge for VAHS in meeting our strategic goals. To address this we are involved in a pilot project that is looking at funding reform for ACCO's across the state with 4 other pilot sites. This is potentially a positive process to engage in to support efforts to secure increased and more sustainable and aligned funding models going forward.

We continue to engage in high level networking with Health and Government sectors influencing policy and delivery of services in alignment with our strategic directions.

Aboriginal Workforce Development

In order to maintain a successful and productive Aboriginal Workforce we have ensured that partnerships have been developed early in the contract with external parties that will assist in the delivery of the project.
Grants and Compliance

Relationships/Partnerships are built on strong foundations to ensure we are communicating with our funding bodies to continuously improve our service and meet the allocated targets for VAHS.

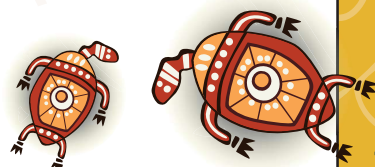
Clinical Director

Working with DHHS, VACCA, and Commissioner for Children and others towards developing a state-wide model of care for vulnerable Aboriginal children.

Preparing a submission to contribute to a Victorian strategy about health care for children in out of home care.
Linking with VACCHO to work together around health information and evidence.

Working with the North West Melbourne Primary Health Care Network.

Working with the Eye and Ear Hospital, Australian College of Optometry, University of Melbourne and others to enhance the integration and coordination of eye health services.





Medical Unit

The VAHS Medical team continues to work with key partners including:

- Royal Eye and Ear Hospital – ear and eye health
- Australian College of Optometry – eye health
- Australian Hearing – audiometry
- St Vincent's Hospital – visiting cardiologist services
- MCCC – GP registrar placements
- University of Melbourne – medical student placements

Community Programs

Strategic partnerships have been formed and Memorandum of Understanding developed to formalise our collaboratively working relationships with:

- Aborigines Advancement League
- Circus Oz

Oral Health Unit

The Oral Health Unit has a longstanding and strong strategic partnership with Dental Health Services Victoria to ensure expedited care for our patients who need the specialised clinics and services offered by the Dental Hospital.

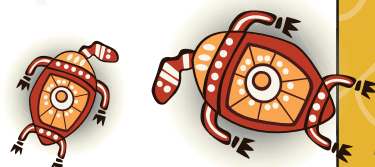
The partnership with Dame Phyllis Frost Centre continues to grow with more Aboriginal women accessing the Oral Health Unit's services.

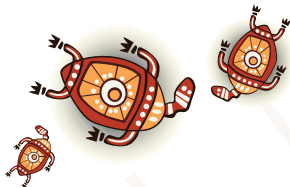
The VAHS Oral Health Unit has a seat at the Oral Health Leadership Group North West Region.

Preventative Health Unit

VAHS PHU have established partnership with the following organisations/groups;

- Deadly Choices
- Essendon Football Club
- The Long Walk
- Koori Education Support Officers (KESO's)
- Darebin Council
- Whittlesea Council
- Quit Victoria
- Fitzroy Stars Football and Netball Club
- Victorian Aboriginal Community Service Association Limited.
- Koori Academy of Excellence
- Melbourne Stars Basketball Club
- Victorian NAIDOC Committee
- Aborigines Advancement League
- Lakes Entrance Aboriginal Health Association (Tackling Indigenous Smoking Team)
- Dandenong and District Aborigines Co-operative (Tackling Indigenous Smoking Team)





Women's and Children's

VAHS worked with the Department of Health and Human Services and other partners including VACCA and the Commissioner for Child Health to develop a state-wide model of care for vulnerable Aboriginal children. VAHS also prepared a submission to contribute to a new Victorian strategy about health care for children in out of home care. VAHS continues to advocate for adequate and sustainable levels of resourcing to enable high quality child health care to be delivered to vulnerable Aboriginal children, including those in out of home care.

Family Counselling Service

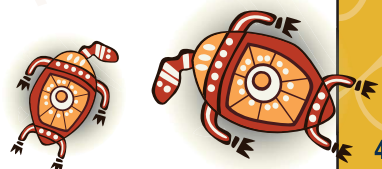
Koori Kids and VACCA Working Together to improve Child Health

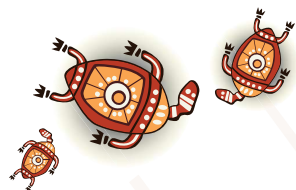
A network building session was coordinated between VACCA and Koori Kids/Family Counselling as a way of bringing the two peak Aboriginal organisations together. The aim of the session was to commence an understanding into what the respective organisations provide and offer the community. It was decided at the end of the session that given the importance of the work VAHS and VACCA will be meeting quarterly. At the next quarterly meeting both organisations will be presenting their individual programs.

Financial Wellbeing Program

Staff of the Financial Wellbeing Program continue to meet to foster meaningful relationships with mainstream providers to assist with referral pathways which support positive access to other financial and social health provides to increase access to services. For example a number of meetings have been attended with organisations providing financial aid, accommodation and housing support, AOD support services, etc.

Through our partnership arrangement with Launch Housing, VAHS continues to have a Housing Worker located at VAHS Preston 1 day per week. Our partnership with Uniting Care Re-gen supports the co-location of 2 AOD workers at VAHS Preston on a weekly basis.





AUDITORS FINANCIAL REPORT



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

FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2019

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

DIRECTORS' REPORT

Your directors present their report on the Victorian Aboriginal Health Service Co-operative Limited (VAHS) for the financial year ended 30 June 2019.

For this year, total comprehensive income increased by \$1,561,601 (2018 operating profit: \$48,997) which arises from total comprehensive Income of \$1,911,900 arising from the revaluation of freehold land and buildings which offset the deficit of \$350,299 (2018 surplus: \$48,997)

Revenue decreased by \$531,853 (3%) as Dardi Munwurro project funding ceased (2018: \$525,500)

Expenditure decreased by \$132,557 (1%) for the same period

During this period, VAHS made considerable investment in the establishment of its first satellite clinic at Epping and remodeling Fitzroy clinic reception. VAHS has been constantly challenged by the highly complex environment in which it works, to maintain the level of change required to meet the community expectations paired with efficient systems and processes that enable to operate and deliver effectively within the desired setting. Current deficit partly reflects this ongoing challenge and VAHS will continue to be challenged notably as funding becomes more competitive each year. VAHS was also successful in obtaining a grant to conduct a feasibility study into the establishment of a second satellite clinic in the Melton/Western suburbs, efforts continue on how to progress and understanding the community expectations.

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, Andrew Gardiner and Marika Jackomos.

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, Marie Sehgal Feb 2019 ceased as director during the year and her service is acknowledged. Three Directors Ross Morgan, Andrew Gardiner and Leanne Brooke were elected at the AGM. The Board appointed Marika Jackomos May 2019 to replace Marie Sehgal.

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

Ronald Briggs
Deputy Chairperson

Ronald is passionate about Community and Aboriginal Health. He is actively involved in the Community through health promotion for men, with 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
Chairperson

Gary 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), Wiradjuri (NSW Bogan River), Yorta Yorta (Vic/NSW Murray River), Baraparap (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 years' activism and experience in many aspects of the First Nations particularly in community development, native title, cultural heritage, economic development and human rights.

DIRECTORS' REPORT (continued)

Leanne Brooke
Treasurer

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 My Time 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, health community we need to have control of our own health needs at a local level.

Tony McCartney
Director

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 Wotjobaluk 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.

A father to five sons and four daughters and has ten grandchildren, Tony had 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 previously been the Chairperson of VACCHO and the national Chairperson of NACCHO.

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

Ross Morgan
Director

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

DIRECTORS' REPORT (continued)

Marie Sehgal
Director

A proud Yorta Yorta woman, Marie was born in Melbourne and has lived in rural Victoria and Canberra. Marie returned to Melbourne in 2012 with her daughter to complete her studies in Bachelor and Masters in Social Work at La Trobe University.

Marie has worked in the family, youth and children's sector for the last 6 years, 4 of these years working at ACCOs. Volunteering over the last 5 years on a number of ACCO Boards including 2.5 years as a Chairperson, Marie is passionate in her support of the Aboriginal Community in particular working with women and children.

Andrew Gardiner
Director

Andrew has more than 30 years' experience working in the Indigenous sector in Victoria and Far North Queensland, including seven (7) years with the Office of Aboriginal Affairs Victoria and the past thirteen (13) years with Dandenong and District Aborigines Co-operative Limited.

As a proud Wurundjeri Woiwurrung man, Andrew has a strong understanding of Aboriginal culture and heritage as a traditional owner of Melbourne and a great belief in the principle of the Aboriginal Community Controlled Health sector, its workforce and its outcomes for the community.

Marika Jackomos
Director

Marika is a proud Yorta Yorta woman born and raised in Victoria, who comes from a family that is very active in the local Aboriginal Community.

Marika is a confident leader and has worked in the health and welfare sector for almost 20 years. Marika loves her Community and is a strong advocate for culture being an integral way to healing and good health.

Currently employed as the Manager of Aboriginal Programs at Mercy Hospital for Women where she leads a team that provides cultural support and advocacy to Aboriginal women and families.

DIRECTORS' REPORT (continued)

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

Attendances were:

Director

Gary Murray

Ronald Briggs

Leanne Brooke

Tony McCartney

Ross Morgan

Andrew Gardiner

Marie Sehgal

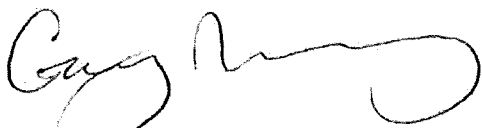
Marika Jackamos

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

Auditor's Independence Declaration

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

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



Chairperson



Treasurer

Dated this 15th day of November, 2019


**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 2019 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
15 November 2019

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

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 \$	2018 \$
Revenue from operating activities	2	18,871,437	19,507,880
Revenue from non-operating activities	2	377,156	372,768
Employee benefits expense		(15,208,083)	(13,779,637)
Depreciation expense	4	(482,742)	(487,881)
Communications expense		(258,225)	(183,248)
Travel and accommodation expense		(152,517)	(131,214)
Medical and dental supplies		(480,288)	(440,828)
Repairs and maintenance		(143,881)	(246,836)
Cleaning expense		(167,105)	(243,177)
Professional and consulting fees		(851,753)	(728,285)
Computer software		(264,950)	(453,819)
Rent & Rates		(135,055)	(48,058)
Computer Services		(401,628)	(431,366)
Electricity usage		(130,834)	(111,451)
Program specific expenses		(221,515)	(1,822,199)
Motor Vehicle Expenses		(180,624)	(148,572)
Photocopy and stationery expenses		(101,540)	(102,888)
Food Supplies		(89,273)	(118,058)
Materials and Stores		(33,781)	(21,381)
Other expenses		(408,141)	(555,867)
Profit/(Loss) on sale of assets		12,861	8,854
Surplus/(Deficit) for the year		(350,288)	48,997

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 \$	2018 \$
Surplus/(deficit)		(350,288)	48,997
Other comprehensive income – changes in asset revaluation reserves		1,811,800	-
Total comprehensive income		1,561,601	48,997

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 2019

	Note	2019 \$	2018 \$
CURRENT ASSETS			
Cash and cash equivalents – specific purposes	5	2,900,504	3,425,767
Cash and cash equivalents – others	5	4,078,753	4,855,338
Trade and other receivables	6	942,879	1,172,012
TOTAL CURRENT ASSETS		7,920,136	9,453,117
NON CURRENT ASSETS			
Property, plant and equipment	7	10,402,331	7,616,033
TOTAL NON CURRENT ASSETS		10,402,331	7,616,033
TOTAL ASSETS		18,322,467	17,069,150
CURRENT LIABILITIES			
Trade and other payables	8	4,098,649	4,385,300
Provisions	9	1,344,536	1,399,981
TOTAL CURRENT LIABILITIES		5,443,185	5,785,281
NON-CURRENT LIABILITIES			
Provisions	9	147,719	113,927
TOTAL NON-CURRENT LIABILITIES		147,719	113,927
TOTAL LIABILITIES		5,590,904	5,899,188
NET ASSETS		12,731,563	11,169,962
EQUITY			
Contributed equity		531	531
Reserves		5,544,343	3,632,443
Retained surplus		7,186,689	7,536,988
TOTAL EQUITY		12,731,563	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 CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2019

	Contributed Equity	Building Project Reserves	Capital Reserves	Retained Surplus	Total
	\$	\$	\$	\$	\$
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/(deficit) 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
Additional equity contributed	-	-	-	-	-
Revaluation of freehold land and buildings	-	1,911,900	-	-	1,911,900
Surplus/(deficit) for the year	-	-	-	(350,299)	(350,299)
Balance as at 30 June 2019	531	4,069,343	1,475,000	7,186,689	12,731,563

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 2019

	Note	2019 \$	2018 \$
Cash Flows from Operating Activities			
Grants received and operating activities	3	18,473,166	20,293,579
Interest received		169,277	155,802
Other receipts		2,307,164	1,548,808
Payments to suppliers and employees		(20,909,176)	(21,092,001)
Net cash provided by/(used in) Operating Activities	14	40,431	906,188
Cash Flows from Investing Activities			
Payments for property, plant and equipment		(1,398,185)	(198,426)
Proceeds from disposal of plant and equipment		53,906	108,354
Net cash provided by/(used in) Investing Activities		(1,344,279)	(125,245)
Net increase/(decrease) in cash held		(1,303,848)	814,116
Cash and cash equivalents at the beginning of the year		8,281,105	7,466,989
Cash and cash equivalents at the end of the year	14	6,977,257	8,281,105

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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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 2019

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 the date that the entity commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15.63.

Classification and Subsequent Measurement

Financial liabilities

Financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial asset is subsequently measured at amortised cost when it meets the following conditions:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All of the following criteria need to be satisfied for derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred;
- all risk and rewards of ownership of the asset have been substantially transferred; and
- the entity no longer controls the asset (ie it has no practical ability to make unilateral decisions to sell the asset to a third party)

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

Impairment

The entity recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- contract assets (eg amount due from customers under construction contracts);
- loan commitments that are not measured at fair value through profit or loss; and
- financial guarantee contracts that are not measured at fair value through profit or loss

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

The entity used simplified approach to impairment, as applicable under AASB 9:

Simplified approach

The simplified approach does not require tracking of changes in credit risk in every reporting period, but instead requires the recognition of lifetime expected credit loss at all times.

This approach is applicable to:

- trade receivables or contract assets that result from transactions that are within the scope of AASB 15, that contain a significant financing component; and
- lease receivables.

Recognition of unexpected credit losses in financial statements

At each reporting date, the entity recognised the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

(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 15 November 2019 by the board of directors.

(l) New and Amended Accounting Policies Adopted by the Entity

AASB 9: Financial Instruments

Initial Application of AASB 9

The entity has adopted AASB 9: Financial Instruments with a date of initial application of 1 July 2018. As a result, the entity has changed its financial instruments accounting policies as detailed in the significant accounting policies note.

Disclosure of Initial application of AASB 9

The date of initial application was 1 July 2018. The entity has applied AASB 9 to instruments that have not been derecognised as at 1 July 2018 and has not applied AASB 9 to instruments that have already been derecognised as at 1 July 2018. Comparative amounts in relation to instruments that have not been derecognised as at 1 July 2018 have been restated where appropriate.

Impairment

As per AASB 9, an expected credit loss model is applied, not an incurred credit loss model as per the previous standard applicable (AASB 139).

A simple approach is followed in relation to trade receivables as the loss allowance is measured at lifetime expected credit loss.

The entity reviewed and assessed the existing financial assets on 1 July 2018. The assessment was done to test the impairment of these financial assets using reasonable and supportable information that is available to determine the credit risk of the respective items at the date they were initially recognised. The assessment was compared to the credit risk as at 1 July 2017 and 30 June 2018. The assessment was done without undue cost or effort in accordance with AASB 9.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
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	4,895,199	4,827,612
Tackling Indigenous Smoking	1,010,043	1,010,043
Commonwealth Home Support Programme	958,877	864,521
Service Maintenance Program/Continuous Quality Improvement	-	113,905
Department of Human Services		
Medicare	1,262,935	1,359,434
Practice Incentive Programs	245,859	200,343
Department of Social Services	131,387	137,770
Department of Prime Minister and Cabinet	237,203	234,716
Grants and program revenue from other Commonwealth funded agencies and authorities		
Eastern Melbourne Primary Healthcare Network	340,123	527,137
North Western Melbourne Primary Healthcare Network	1,134,801	1,700,514
Australian General Practice Training	-	97,676
Other	-	3,491
	<u>10,234,427</u>	<u>11,077,162</u>
Victorian Government departments, funded agencies and authorities		
Department of Health and Human Services	5,656,930	5,258,740
Department of Education and Training	610,944	608,513
Department of Justice	-	525,500
Victorian Responsible Gambling Foundation	512,807	498,297
Dental Health Services Victoria	122,004	119,934
	<u>6,902,485</u>	<u>7,010,984</u>
Non-Government program revenue		
Youth Support and Advocacy Service – Bunjilwarrn	1,177,842	995,466
Royal Australian Colleges of Physicians	102,500	101,250
Other Non-Government program revenue	554,183	322,818
	<u>1,834,525</u>	<u>1,419,534</u>
Total Revenue from operating activities	<u>18,971,437</u>	<u>19,507,680</u>
Revenue from non-operating activities		
Donations	-	(66)
Expense recoveries	12,861	12,654
Interest received	173,278	148,592
Rent	19,498	178,493
Sundry sales and income	171,519	33,083
Total Revenue from non-operating activities	<u>377,156</u>	<u>372,766</u>

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 2019

	2019	2018
	\$	\$
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	4,895,199	4,827,612
Tackling Indigenous Smoking	1,010,043	1,010,043
Commonwealth Home Support Programme	956,877	864,521
Service Maintenance Program/Continuous Quality Improvement	-	-
Department of Human Services		
Medicare	1,282,835	1,359,434
Practice Incentive Programs	245,859	200,343
Department of Social Services	131,387	137,770
Department of Prime Minister and Cabinet	237,203	209,003
Grants and program revenue from other Commonwealth funded agencies and authorities		
Eastern Melbourne Primary Healthcare Network	264,446	481,347
North Western Melbourne Primary Healthcare Network	1,007,981	1,682,496
Australian General Practice Training	-	97,676
Other	-	3,491
	<u>10,031,930</u>	<u>10,883,736</u>
Victorian Government departments, funded agencies and authorities		
Department of Health and Human Services	5,352,864	6,193,065
Department of Education and Training	610,944	608,513
Department of Justice	-	525,500
Victorian Responsible Gambling Foundation	467,607	543,297
Dental Health Services Victoria	122,004	119,834
	<u>6,553,219</u>	<u>7,990,309</u>
Non-Government program revenue		
Youth Support and Advocacy Service – Bunjilwana	1,177,842	995,466
Royal Australian Colleges of Physicians and Medical Administrators	102,500	101,250
Other Non-Government program revenue	607,675	322,818
	<u>1,888,017</u>	<u>1,419,534</u>
Total Grants and program revenue received	<u>18,473,166</u>	<u>20,293,579</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 2019

	2019	2018
	\$	\$
NOTE 4 SURPLUS(DEFICIT)		
Surplus/(deficit) has been determined after:		
Charging as expenses / crediting as revenue:		
Depreciation of property, plant and equipment	482,742	498,881
Amortisation of copyright	-	1,000
Total depreciation and amortisation	482,742	497,881
Rental expense on operating leases	135,055	46,056
Loss/(profit) on disposal of plant and equipment	(12,861)	(8,864)
NOTE 5 CASH AND CASH EQUIVALENTS		
Cash on hand	800	800
Cash at bank	8,976,457	8,280,305
	8,977,257	8,281,105
Cash is on hand or available on demand		
Non-Interest bearing	800	800
Interest bearing	8,976,457	8,280,305
	8,977,257	8,281,105
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))	2,800,504	3,425,767
Total specific purpose cash and cash equivalents	2,800,504	3,425,767
Other cash and cash equivalents	4,076,753	4,855,338
NOTE 6 TRADE AND OTHER RECEIVABLES		
Sundry debtors	942,879	1,172,012
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 2019

		2019 \$	2018 \$
NOTE 7 PROPERTY, PLANT AND EQUIPMENT			
Land at independent valuation	(b)	5,000,000	3,200,000
Freehold building at independent valuation	(b)	2,150,000	2,775,000
Less: accumulated depreciation		-	(400,292)
		<u>2,150,000</u>	<u>2,374,708</u>
Leasehold buildings at independent valuation	(b)	1,500,000	3,412,815
Leasehold buildings at cost		1,044,520	-
Less: accumulated depreciation		(11,864)	(2,115,541)
		<u>2,532,656</u>	<u>1,297,274</u>
Furniture and equipment at cost		879,087	629,033
Less: accumulated depreciation		(476,096)	(353,976)
		<u>402,991</u>	<u>275,055</u>
Copyright of floor design at cost		20,000	20,000
Less: accumulated amortisation		(20,000)	(20,000)
		<u>-</u>	<u>-</u>
Motor vehicles at cost		1,071,121	1,222,110
Less: accumulated depreciation		(754,437)	(753,114)
		<u>316,684</u>	<u>468,996</u>
Total property, plant and equipment		<u>10,402,331</u>	<u>7,616,033</u>

(a) Movement in carrying amounts

2019	Land	Freehold buildings	Leasehold buildings	Furniture & equipment	Copyright of floor design	Motor Vehicles	Total
	\$	\$	\$	\$	\$	\$	\$
Opening Balance	3,200,000	2,374,708	1,297,274	275,055	-	468,996	7,616,033
Additions	-	-	1,079,825	250,054	-	68,305	1,396,184
Depreciation	-	(82,367)	(98,684)	(122,118)	-	(178,203)	(481,372)
Disposals	-	-	-	-	-	(42,414)	(42,414)
Revaluation	1,800,000	(142,341)	254,241	-	-	-	1,911,900
Closing balance	<u>5,000,000</u>	<u>2,150,000</u>	<u>2,532,656</u>	<u>402,991</u>	<u>-</u>	<u>316,684</u>	<u>10,402,331</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. The property situated at 186 Nicholson Street, Fitzroy, Victoria has been revalued on 6 September 2019. The properties situated at 664-666 Smith Street, Clifton Hill, Victoria and 238-250 Plenty Road, Preston, Victoria have been revalued on 29 August 2019.

Refer to Note 18 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 2019

	2019	2018
	\$	\$
NOTE 8 TRADE AND OTHER PAYABLES		
Trade creditors	275,212	317,896
Accruals	713,514	509,765
GST Payable	209,419	131,872
Unexpended grants and grants received in advance (a)	2,900,504	3,425,767
	<u>4,098,649</u>	<u>4,385,300</u>

(a) Unexpended grants and grants received in advance:

Unexpended grants are grants received on or before 30 June 2019 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 2019 to be used in the year to 30 June 2020.

Commonwealth Government

Department of Health	60,000	60,000
Department of Prime Minister and Cabinet		-

Other Commonwealth grants

Victorian Government

Department of Health and Human Services	2,656,734	2,961,000
North West Metropolitan Primary Health Network	77,882	204,502
Eastern Melbourne Primary Health Network	79,588	155,265
Victorian Responsible Gambling Foundation	-	45,000
Other non-governance program revenue	26,500	-

Total unexpended grants and grants received in advance	<u>2,800,504</u>	<u>3,425,767</u>
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NOTE 9 PROVISIONS

CURRENT

Provision for annual leave	788,237	806,031
Provision for long service leave	556,299	593,930
	<u>1,344,536</u>	<u>1,399,961</u>

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	<u>147,719</u>	<u>113,927</u>
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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 \$4,069,343 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	37,201	23,000
Fees for other consulting services	-	-
	<u>37,201</u>	<u>23,000</u>

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
NOTE 12 KEY MANAGEMENT PERSONNEL COMPENSATION		
Salary	713,237	756,871
Superannuation	60,453	64,137
	<u>773,690</u>	<u>821,008</u>
NOTE 13 RELATED PARTIES		
Directors and key management personnel are involved in other Aboriginal organisations and transactions occur in the normal course of business on an arm's length basis. In addition Board directors are offered normal tools of trade such as mobile devices to support them. In delivery of Board services and these tools of trade are provided in accordance with normal policies and procedures.		
NOTE 14 CASH FLOW INFORMATION		
<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	<u>6,977,257</u>	<u>8,281,105</u>
<i>(b) Reconciliation of Cash Flow from Operations with surplus/(deficit) for the year</i>		
Surplus/(deficit) for the year	(350,299)	48,997
Non-cash flows in surplus/(deficit):		
Depreciation	482,742	497,881
(Profit)/loss on sale of asset	(12,881)	(8,854)
Changes in assets and liabilities:		
Increase in trade and other receivables	229,133	(620,742)
Increase in trade and other payables	(286,651)	863,376
Increase in provisions	(21,633)	125,530
Net cash provided from operating activities	<u>40,431</u>	<u>906,188</u>
NOTE 15 LEASE COMMITMENTS		
Payable - minimum lease payments		
Not later than 1 year	166,940	75,263
Later than 1 year but not later than 5 years	604,633	55,802
The office equipment leases are non-cancellable leases with up to three-year terms.	<u>771,573</u>	<u>131,065</u>
NOTE 16 EVENTS AFTER THE REPORTING PERIOD		
No matters or circumstances have arisen since the end of the reporting period which significantly affected or may significantly affect the operations of the Co-operative, the results of those operations, or the state of affairs of the Co-operative in future financial years.		
NOTE 17 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 2019

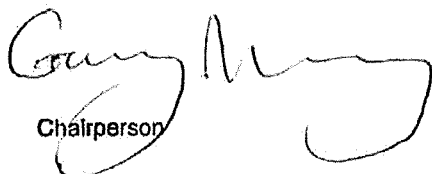
	2019	2018
	\$	\$
NOTE 18 FAIR VALUE MOVEMENTS		
VAHS has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after initial recognition. VAHS does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.		
Non-Financial Assets		
Freehold land	5,000,000	2,880,000
Freehold buildings	3,650,000	2,685,830
Total non-financial assets recognised at fair value	<u>8,650,000</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 19 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 6,977,257	8,281,105
Trade and other receivables	6 942,879	1,712,012
Total financial assets	<u>7,920,136</u>	<u>9,453,117</u>
Financial Liabilities		
Financial liabilities at amortised cost:		
- Trade and other payables	8 1,198,145	959,533
Total financial liabilities	<u>1,198,145</u>	<u>959,533</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 7 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 2019 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 15th day of November, 2019

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 2019, 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 2019 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.

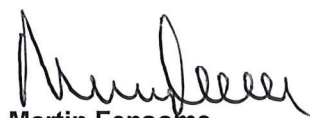
As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- 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 Directors.
- Conclude on the appropriateness of Directors' 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
15 November 2019



VICTORIAN ABORIGINAL HEALTH SERVICE

Caring for the Community

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Monday to Thursday 9am to 5pm

Friday 9am to 4pm

Saturday Medical Clinic Only 9.30am to 12.30pm