



**VICTORIAN ABORIGINAL
HEALTH SERVICE**
Caring for the Community

Annual Report

2023-24

Acknowledgement

The Victorian Aboriginal Health Service (VAHS) acknowledges that its clinics and services are located on the unceded Aboriginal Lands of the Wurundjeri People of the Kulin Nation.

VAHS pays its respects to Elders past and present, and to the Traditional Owners of the Aboriginal Land across Australia that our work takes us to.

We acknowledge their longstanding relationship with Country and Culture, and the millennia of healthcare traditions and practices that have been passed down through the generations, making our work at VAHS possible today.





**VICTORIAN ABORIGINAL
HEALTH SERVICE**
Caring for the Community

About Us

The Victorian Aboriginal Health Service (VAHS) has been Caring for Community since its humble beginnings on Gertrude Street, Fitzroy in 1973 to address the specific health needs of the Victorian Aboriginal Community.

During the past 51 years, VAHS has continued to expand, now with four clinics across Naarm providing a comprehensive range of medical, dental, social and emotional wellbeing services for Community.

The organisation has doubled its staffing and financial income during the past eight years, which has brought about new and exciting challenges and opportunities.

VAHS also contributes to Community by means of events and activities such as NAIDOC events, sporting carnivals, mobile healthcare services, Elders luncheons and more.

During the 2023-24 period, VAHS has continued to implement improved systems and processes to better respond to the increasing demand of our Community and readjust post-COVID, looking to the next 10 years of service delivery.

Although the organisation continues to grow, what will always remain front of mind is remembering where we have come from, acknowledging those who came before us, and looking to the future and remain a strong advocate for Community and close the Aboriginal health gap here in Victoria, and Australia-wide.

VAHS Life Members

- Jock Austin
- Alan Brown
- Gary Foley
- Christine Ingram
- Bruce McGuinness
- Dr Bill Roberts
- Alma Thorpe

Chairperson's Report



On behalf of the VAHS Board, executive and staff, I am pleased to present the VAHS 2023-24 Annual Report, marking another year of providing self-determined, Culturally safe healthcare to Community.

I acknowledge that the work we do is on the lands of the Wurundjeri People of the Kulin Nation, and recognise them as Traditional Custodians of the lands in which we meet, work, live and play. I also recognise their longstanding relationship with Country, and using Country and Culture for health and healing, and extend this courtesy to the Traditional Owners of the lands our work takes us to across the state and Australia-wide.

This year was another of substantial growth at VAHS, with a 14 per cent increase in our staffing across our four sites. Pleasingly, of our staff, 47.7 per cent are Aboriginal and/or Torres Strait Islander, and 65 per cent of leadership positions are filled by Aboriginal people. I am proud to head an organisation that is developing Aboriginal leaders not only internally, but within the wider Community.

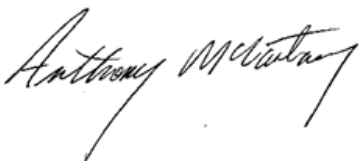
No matter how much we grow as an organisation, we have never lost track of our purpose of Caring for Community. I can confidently say every individual at VAHS has unwavering commitment and dedication to Community's physical health, and spiritual and emotional wellbeing.

However, there is still much to be done in Aboriginal health and room for further growth and improvement. Disturbingly, the Productivity Commission Closing the Gap Annual Data compilation report found that just five of 19 Closing the Gap targets are on track to being met. This is why our continued advocacy for Community is essential in making Aboriginal health a national priority. Aboriginal people deserve to be living long, happy and healthy lives.

Our work would not be possible without the support of the Victorian Aboriginal Community Controlled Health Organisation as the umbrella agency for all Victorian ACCHOs, the state and federal governments for their continued funding, our partners in both Community Controlled health and mainstream health across the state, and of course, our people, who are at the heart of everything we do. Without your compassion and care, VAHS would not be the safe space it is for Community today.

Sadly, we have lost many beloved members of Community in 2023-24, and I take this moment to extend my heartfelt condolences, sympathies and respects to the families and loved ones who have experienced loss this year. It is often during the most difficult times that we see the best in our Community, pulling together to ensure one another's social and emotional wellbeing.

I thank my fellow Board members for their professionalism, support and commitment to self-determined, Community Controlled health, and all VAHS staff. Every day when you come to work you are working towards better health outcomes for Aboriginal people. I could not be more proud of the individuals that make up this incredible organisation.



Anthony McCartney
VAHS Chairperson



VAHS Board



Anthony McCartney, Chairperson

Wotjobaluk, Nari Nari

Anthony has served as chairperson of both National Aboriginal Community Controlled Health Organisation, and Victorian Aboriginal Community Controlled Health Organisation.

He has worked in the transport, automotives, youth services, drug and alcohol services, recruitment, advocacy, housing, health and higher education industries. He currently works in vocational educational training, and holds multiple governance roles in Aboriginal health and early learning.

He advocates for Aboriginal people at local, state, national and international forums, and is committed to supporting better outcomes for Community.

Anthony's heritage originates from the Wotjobaluk tribe in Western Victoria and the Nari Nari tribe from Lake Mungo, New South Wales, and is a proud father of nine and grandfather of ten.



Stacey Brown, Treasurer

Yorta Yorta, Dja Dja Wurrung

A proud Yorta Yorta and Dja Dja Wurrung woman, Stacey has worked in the early childhood education sector for more than 30 years, and has been CEO of the Yappera Children's Service since January 2004.

Stacey holds a Bachelor of Education, Diploma of Children's Services, Certificate IV in Business (Governance), Certificate in Business and a Diploma in Business (Frontline Management).

She firmly believes children's early years are fundamentally important, laying the foundations for their future health, growth and development.



Ronald Briggs, Deputy Chairperson

Yorta Yorta

Ronald is passionate about Community and Aboriginal health.

Currently, Ronald is a practitioner at the Magistrates Court and has been involved in various health sector committees.

He actively promotes men's health, with a keen interest in helping Community members become involved in sport, building healthy male role models for families and Communities, promoting the goodness of fathers in Community and the importance of their relationships with children and family, and seeing Communities live long, happy and healthy lives.



Shelley Williams, Director

Gunditjmara

Shelley is a proud Gunditjmara woman born and raised in Fitzroy, Melbourne.

At 18, Shelley started a traineeship as a dental nurse at VAHS and went on to complete the Koori Kollij Aboriginal Health Worker training course in 1984 and went on to work as an Aboriginal Health Worker and health promotions for Closing the Gap at VAHS.

Shelley was asked by Bruce McGuinness to edit Fitzroy community newspaper The Koorier, then after taking eight years off to start a family, was involved in founding community newspaper The Koori Times in 1993.

She has experience on boards, committees, the Gunditjmara Native Title Group, Marg Tucker Girls and Aboriginal Housing Victoria.



Helen Kennedy, Director
Trawlwoolway, Plairmairrener

Helen is a proud descendant of the Tralwoolway and Plairmairrener clans of north east Tasmania.

She has 25-plus years' experience working at senior levels of government, supporting policy frameworks to improve Aboriginal social and emotional wellbeing.

She also has practice-based experience in service delivery, having managed VAHS' family counselling services for seven years, leading the development of a range of new service models and research initiatives.



Brodie Cook, Director
Yorta Yorta

Brodie is a proud Yorta Yorta man who was born in Melbourne and has lived throughout metro and rural Victoria.

He holds a Certificate IV in Project Management, Certificate IV in Leadership and Management and has completed short courses in Data Analysis and Visualisation.

Throughout his career, Brodie has participated in Aboriginal strategic governance meetings, the Dhelk Dja leadership group, Nation Aboriginal Data Sovereignty group through Melbourne University, and many other groups, forums and committees.

Brodie brings the voice, understanding and perspective of the younger generation to the board.



Andrew Morrison, Director
Gunditjmara

Andrew is a proud Gunditjmara man with 20 years' experience in the health sector, in government, mainstream health and Aboriginal Community Controlled Organisations.

Currently, Andrew is the senior Aboriginal employment and cultural safety officer at City of Whittlesea and is also a member of the Whittlesea Reconciliation Group, Northern Health Aboriginal Advisory Committee and is a member of the City of Whittlesea Community Hospital's community consultative committee.

He holds a Diploma of Aboriginal Welfare, Certificate IV in Training and Assessment and has completed various internal management courses.

Andrew's term as Director concluded April 2023. VAHS thanks Andrew for his dedicated service to the board.



Kaelun Brown, Director
*Gunditjmara, Yorta Yorta,
Wurundjeri, Wiradjuri*

A qualified plumber and small business owner, Kaelun provides apprenticeship, training and employment opportunities for Aboriginal youth, currently employing 15 local plumbers.

Currently, Kaelun is a director on the National Indigenous Plumbing Sanitation Foundation, Manager of Fitzroy Stars Football and Netball, is involved in Yellow Tales Services and has been a traditional cultural dancer for 30-plus years, mentoring youth through culture and healing.

He holds a Certificate IV in Men's Behaviour Change, and worked in family violence for 10 years at VAHS and VACSAL, and served as a VACSAL board member, RAJAC committee member and is a Willan Guiding Spirit Foundation founder.

Kaelun's term as Director concluded February 2024. VAHS thanks Kaelun for his dedicated service to the board.

CEO's Yarn



It has been another challenging year for not only VAHS, but for Victoria's Aboriginal people, families and Communities. Despite these challenges I could not be more proud of this organisation, and the people who are the VAHS family who have such a positive impact to those we welcome through our doors.

I pay my respects to the Elders, Community members without whom what we do today would not be possible, for sharing your knowledge, hard work and legacy with us so we can continue the valuable work we do, as we have done for millennia.

This year, we celebrated the continued growth of our organisation, officially opening the doors of VAHS South Morang in September 2024, servicing the growing Community in Naarm's northern suburbs and continually working towards achieving our ultimate goal of no-one's health being left behind, regardless of their postcode. Opening VAHS South Morang is an excellent addition to supplement our existing sites at Fitzroy, Preston and St Albans.

VAHS Dental marked 50 years of service delivery in 2024, an Australian first which began operations in June 1974, and for the past half a century has prioritised emergency and preventative dental and denture care for Community, making a difference.

With the introduction of Smile Squad billing and implementation of the Child Dental Benefit Schedule, VAHS' Oral Health Unit is continuing its work to close the gap on Aboriginal oral health care.

VAHS was also invited to witness in the Yoorook Justice Commission truth telling inquiry hearings. Here, we provided firsthand evidence on the importance of community control for Aboriginal people's health and wellbeing, and concerns about government inaction relating to the Closing the Gap policy to improve Aboriginal health outcomes and failure to achieve desperately needed systematic change.

I acknowledge that this year was also an incredibly difficult time for some Community members, following the failed referendum to elect a constitutionally enshrined Indigenous Voice to Parliament in October 2023. The residual fallout has seen an increase in racism directed towards our people.

The spike in numbers of people accessing our Yarning Safe N Strong hotline alone shows the impact that the increased racism the vote and the surrounding debate had on Community, and how deep racism still runs in Australia, and that we need to close the gap to heal.

Despite these wounds still being raw and having seen the very worst in people, I am also proud of the continued strength shown by Aboriginal people, holding our heads high and standing up for what we believe in, and for the care we show one another.

Caring for Community is at the heart of everything we do at VAHS, and I would like to acknowledge Community members, the Aboriginal Community Controlled Health Organisation (ACCHO) sector and our growing partners across the state, both ACCHO and mainstream, who we have worked with this year to continue supporting physical, emotional and social wellbeing for our people.

In the work we do, there is a group of people who are the changemakers. An enormous thank you goes to our VAHS staff for your steadfast commitment and outstanding service delivery to all, in delivery our motto, caring for the Community. I look forward to the next twelve months together.

A handwritten signature in black ink, appearing to read 'Michael Graham', is positioned over a faint, stylized background graphic of a hand.

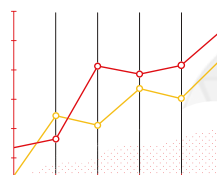
Michael Graham
VAHS CEO

Data Report



83,568 client contacts
from **5,037** clients
(our highest number ever!)
1,015 new clients

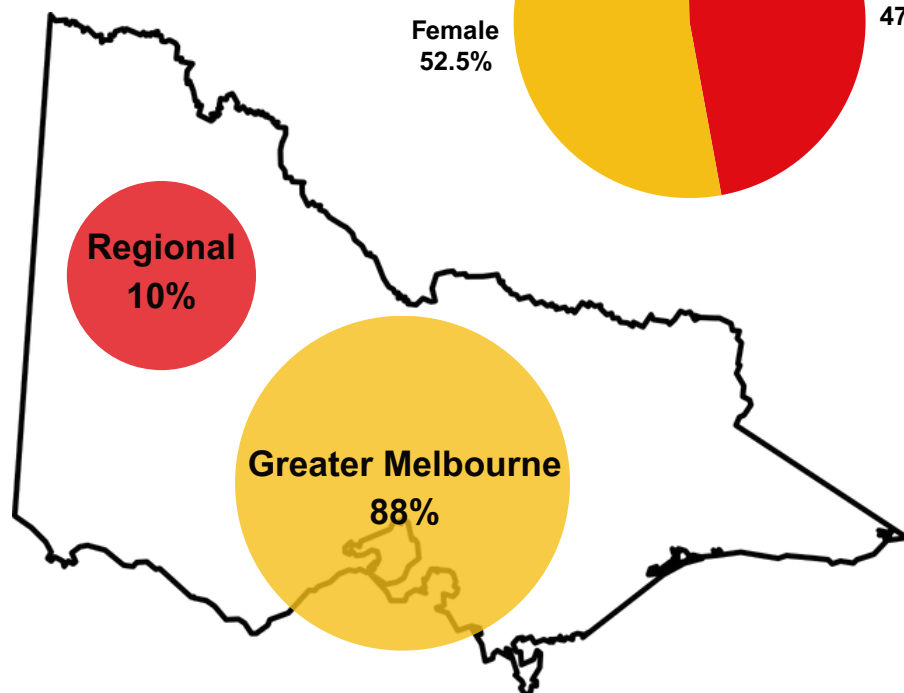
903 Health Checks
& **454 Health Check follow ups**



Health checks =
14% increase
Health check follow ups = 2
6% increase

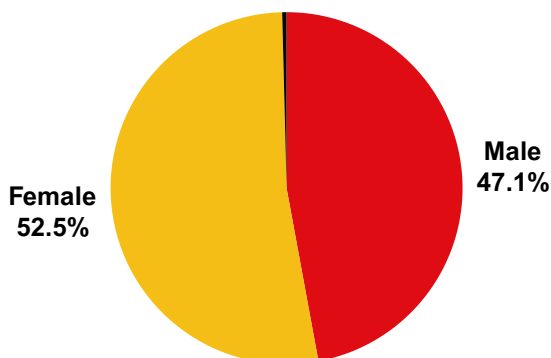
Our clients by...

Location:



Gender:

Gender Diverse/Non Binary
0.4%



Top 5 LGAs:

Darebin

Whittlesea

Merri-bek

Hume

Yarra

Human Resources



VAHS' Human Resources function supports strategic and operational human resources to achieve VAHS' strategic goals to meet Community needs.

This includes developing and maintaining a workplace culture where staff are engaged, can realise their potential, are attracted to and retained to our work environment, and feel supported in their health, safety and wellbeing at work.

The unit also provides advice, support, processes and systems across recruitment, induction, performance reviews, professional development, organisational realignments, remuneration, payroll services, continuous quality improvement, workplace health, safety and wellbeing, VAHS values, code of conduct, governance and employment legislation compliance.

Growth

Staff

VAHS experienced a significant staffing increase in 2023-24, meeting the growth in the organisation and its programs.

VAHS hired 41 new staff, a 14 per cent increase from 262 to 303 staff.

As of 30 June 2024, VAHS' staffing comprised 47.7 per cent Aboriginal staff, with 65 per cent of leadership positions held by Aboriginal staff members.

Programs

Human Resources empowered managers and their staff to realign their roles and units to enhance VAHS' service delivery.

Namely, this included a new Centralised Services – Public Intoxication Reform unit and the realignment of the Family Counselling Services unit.

Workforce development

VAHS established a foundation Workforce Development and Career Pathways Framework, which will be in place for the next five years.

Supported by the Victorian State Government Workforce Development Funding, it includes training and support for staff transitioning to new areas, such as Aboriginal Health Worker qualifications to Registered Nursing.

Human Resources Information System

Human Resources rolled out the first stage of the new Human Resources Information System (HRIS) ConnX in May 2024.

ConnX will change the way administration, processes, data reporting and management are done at VAHS, replacing the previous, time-consuming manual, paper-based process.



Fitzroy Clinic

VAHS' Fitzroy medical clinic continues to provide Aboriginal and Torres Strait Islander clients with quality primary healthcare in a culturally safe environment.

During 2023-24, VAHS focussed on post-COVID delivery of care, getting Community back into the clinic for face-to-face appointments to decrease the number of telehealth appointments required, unless necessary to provide the highest level of care.

Fitzroy provides a range of specialist services, including optometry, audiology, ophthalmology, cardiology, respiratory, sleep and perioperative physician visits, geriatrician, dermatology, endocrinology, surgery and addiction.



Growth was a key priority for the Fitzroy clinic, having welcomed an endocrinologist, who works closely with the diabetes educator, recruitment of the first nurse practitioner, supporting two current registered nurses to undergo nurse practitioner training, supporting enrolled nurses to become qualified as registered nurses, employing Aboriginal Health Workers and Practitioners and supporting them to complete their certification and for an Aboriginal Health Worker to undergo further ophthalmology eye health studies, and giving all general practitioners to undertake Medication Assisted Treatment for Opioid Dependence (MATOD) training.

VAHS was also successful in gaining state Department of Health funding to deliver urgent care pathways for the first time. This aims to decrease the number of emergency department admissions for injury or illness that can be managed in a general practitioner clinic, as well as increasing the number of health assessments and follow-ups at VAHS. Across the board, this led to a 14.2 per cent health check increase compared with the previous year, and 37.5 per cent increase in health check follow-ups.

The Women's and Children's Unit relocated from Fitzroy to Preston, allowing for all medical staff have designated work spaces, both with and without a patient present, ensuring a better working environment for higher quality healthcare.

The clinic also worked to develop client information sessions to improve the reception space with consistent and effectively implemented systems and processes.



St Albans Clinic



In November 2023, VAHS St Albans was officially opened.

This new, western metropolitan satellite clinic became operational Monday to Friday, taking in patients new to VAHS, or who had not been to a medical clinic in more than five years.

VAHS St Albans provides primary health care, allied health – diabetes education, cardiology specialists, social and emotional wellbeing care, youth alcohol and drug support, social workers and family therapy.

During this time, VAHS St Albans recruited five general practitioners (2FTE), two registered nurses (0.8FTE), two receptionist/administrators, one cleaner, a clinic manager and a clinical support lead.

All onboarded staff were given opportunities to train or upskill in specific areas as a team and individually to improve the clinic's quality of service delivery and invest in our staff.

The clinic has worked tirelessly to build a client base to identify healthcare gaps to identify areas that require further source funding, as well as working closely with the Fitzroy, Preston and South Morang clinics to ensure systems are consistent across each site.

Most importantly, VAHS St Albans aims to delivery culturally informed services to every client.

Looking ahead to 2024-25, VAHS St Albans is continuing to improve and grow partnerships with other Aboriginal services, as well as mainstream services, including dental care, allied health, specialists and mental health support.



South Morang Clinic

VAHS officially opened the South Morang clinic in September 2024, following the doors opening to the public in March 2024.

The South Morang clinic replaced the Epping clinic as the new north metro satellite clinic, and is now operational five days per week.



Services at South Morang include primary health care, allied health including a dietitian and diabetes education, osteopathy, endocrinologist specialists, social and emotionally wellbeing and adult alcohol or drug support.

To support the growing needs of clients in this fast-growing northern metro area, VAHS South Morang recruited six general practitioners (1.8FTE), three registered nurses (3FTE), one clinic manager, one osteopath (0.2FTE), one senior administration officer, three receptionist/ administrative staff including one trainee and one cleaner.

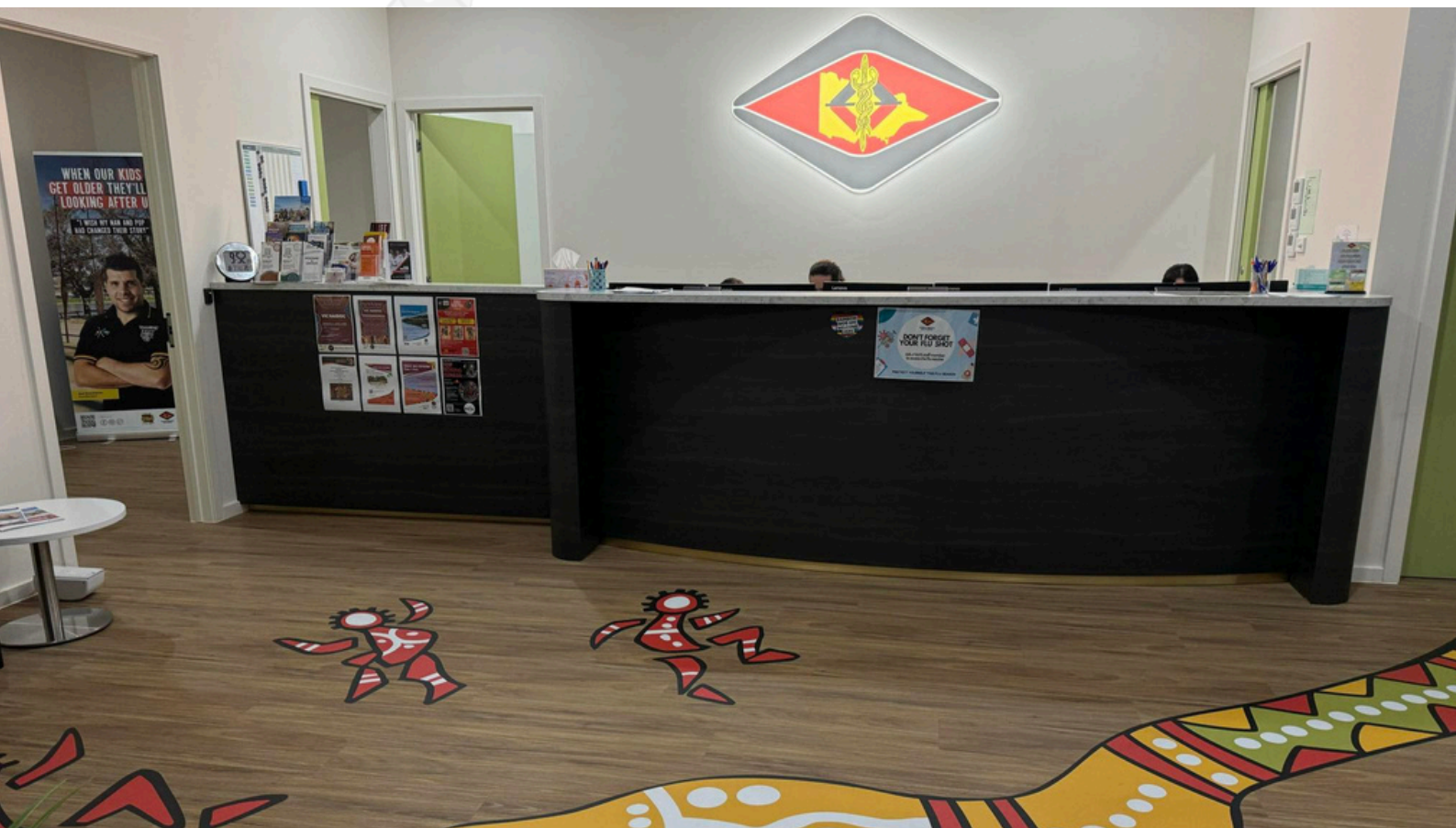


All incoming staff received training and opportunities to upskill in specific areas throughout the year, to improve the clinic's quality of service delivery. Beyond initial onboarding, staff underwent regular MMEX training to improve skills in the system and obtain evidence-based data.

To lead to internal referrals and follow-ups from the beginning, the South Morang team has created a 715 health check model system and pathway, to ensure clients are keeping on top of regular health checks and encourage return patients.

VAHS South Morang is continuously looking for funding sources to extend the clinic's life, to ensure long-term service delivery for the Community, as well as growing partnerships with Aboriginal and mainstream services. The clinic now offers podiatry, physiotherapy, dental, mental health and specialist services.

Most importantly, like all VAHS sites, South Morang aims to provide culturally informed and appropriate services, no matter how big or small the patients' needs are.





Oral Health Unit

In 2023-24, VAHS' dental services turned 50, marking half a century of providing emergency and general dental and denture care to Community.

According to the Australian Institute of Health and Welfare, Aboriginal and Torres Strait Islander people are less likely to have received preventative health care, due to lack of accessibility, cost and a lack of cultural awareness by some service providers.



With this in mind, our 50-year milestone of providing professional, judgement free and culturally safe dental care undoubtedly has had an enormous positive impact on Community, and is a responsibility we do not take lightly.

That's why as well as celebrating how far we have come, we are constantly looking ahead to continuously grow and improve to ensure no-one is left behind when it comes to Aboriginal dental care.

Overcoming financial barriers

Our Oral Health Unit is prioritising closing the gap for Community, including combatting financial barriers with the introduction of both the Child Dental Benefits Schedule (CDBS) and Smile Squad billing.

The CDBS means VAHS can now bill eligible dental treatments for 0-17-year-olds to Medicare, which we will increase Community awareness of in 2024-25.

Smile Squad billing, supported by Dental Health Services Victoria, charges patients at Medicare rates, with a 20 per cent premium covered by DHSV. It is also a revenue stream that enables more Dental Weighted Activity Unit (DWAU) funding is available for adult dental patients.



Team growth for a culturally safe space

This year, VAHS recruited new dentists and oral health therapists to increase chair availability at our clinic.

Of our new recruits, this includes two trainee dental assistants, who are both Aboriginal and Torres Strait Islander people.

More representation means more culturally safe spaces for Community members to seek dental care.

Supporting the front line with first class systems

The unit continued to develop its back-of-house systems, with a particular focus on ongoing supervision and feedback to inform training requirements and identify where additional resources are required.

The unit completed its Quality Management System, a feedback loop that ensures constant reporting, review and communication throughout the program. Items identified in these audits and decisions are discussed in regular leadership meetings, where improvement projects are identified and implemented.

Another area of focus was orientation for new staff, ensuring smooth transition into the organisation.



Preventative Health Unit

The Preventative Health Unit delivers programs and community engagement strategies that link back into primary healthcare settings.

The unit is supported by the National Tackling Indigenous Smoking (TIS) program to deliver health promotion initiatives to address and prevent smoking tobacco and vaping.

In 2023-24, Victoria became the first and only Australian state to lead a statewide TIS program, The Koori Way, encompassing metropolitan Melbourne and regional Victoria.

This followed a restructure of the national TIS program implemented in late 2022 as part of the Australian Government's 2023-27 strategy to capture more Aboriginal populations across Australia.

The Koori Way is a rebranded campaign, from the former Boorais and Smoke Don't Mix campaign, and has been launched online and in Community since 2023.

VAHS was nominated by 12 Victorian ACCHOs as the lead agency to head the statewide approach:

- Ballarat Districts Aboriginal Cooperative
- Budja Budja Aboriginal Cooperative
- Dandenong and Districts Aboriginal Cooperative
- Dhauwaurd-Wurrung Elderly and Community Health Service Inc.
- Goolum Goolum Aboriginal Cooperative
- Gunditjmara Aboriginal Cooperative
- Kirrae Health Services Inc.
- Lakes Entrance Aboriginal Health Associates
- Mildura Districts Aboriginal Service
- Rumbabalara Aboriginal Cooperative
- Wathaurong Aboriginal Cooperative
- Winda-Mara Aboriginal Cooperative



VAHS restructured and created state resources for these partners to deliver within their Communities, which is now a universal, consistent approach for all of Victoria. These resources include:

- Five-week Youth Program
- Virtual reality
- Community tobacco and vaping video tutorials
- TIS pregnancy project for Koori Maternity Services (KMS)
- Data and evaluation systems



The Koori Way's action plan for 2023-27 are as follows:

- **Action one:** Develop and implement the five-week Youth Program to increase knowledge of the harms of smoking and vaping.
- **Action two:** Develop and implement the pregnancy project, targeting pregnant Aboriginal women to reduce the harms smoking and vaping has on unborn babies.
- **Action three:** Develop and implement an integrated promotional campaign.
- **Action four:** Develop and implement audio and visual tutorials for Community to learn more about the risks and effects of smoking and vaping.
- **Action five:** Deliver Community events promoting The Koori Way campaign.



Not only is the statewide approach universal, but all TIS community engagement activities are now supported by an integrated digital system to better capture engagement and participation and streamline data.

The Preventative Health Unit promotes its messages and programs further by way of partnerships with other health service providers, educational agencies and sporting clubs.

Partnerships developed and maintained in 2023-24 included:

- Bairnsdale Regional Unlimited Sports
- Fitzroy Stars Football Netball Club
- Koori Education Support Officers
- Mallee Tigers Football Netball Club
- Netball Victoria
- Quitline Victoria
- Southern Aboriginal Sports
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Aboriginal Community Services Association Limited
- West Victoria Eels Community Club



Women's & Children's Unit

The Women's and Children's Unit moved to VAHS Preston in 2023-24, allowing the unit to take on new projects.

The unit provides two days of general practitioner services, speech therapy, maternity and women's health, child immunisations, Balert Gerrbik parenting and playgroup, connected beginnings supports children and paediatric services.

In addition to moving sites, the unit has worked to improve service delivery from the inside out, with a back-of-house clean-up and better waitlist organisation.

With the change in site, came a change in approach, with focus on more of the unit's clients coming from referrals, and Medicare revenue.



Growth

The move to the new site also brought with it new programs, or expansion to the unit's existing services.

The unit launched the Connected Beginnings program, improving engagement with local maternal and child health services and community events, such as International Children's Day.

During the 2022-23 financial year VAHS, alongside VACCHO launched a new partnership with Breast Screen Victoria, to deliver breast screening services to women in the Community. The project was completed in July 2023, with more than 120 women screened.

VAHS Preston also increased female general practitioner access to provide a maternal and child health nurse (MCHN) for an extra day every week.

VAHS' MCHN was part of the Victorian maternal and child health advisory group established to examine current services and advise on improvements.

At VAHS, the MCHN program continues to provide regular check-up and immunisation slots for Aboriginal children aged 0-4 years old, and other community outreach services, and staff completed immunisation training.

Training and development

To support the team's expansion of services, the unit empowered team members to complete training for their professional development, and to enhance the service provided to Community.

Women's and Children's Unit staff completed clinical yarning training, to improve culturally appropriate communication with clients, namely adding Indigenous languages in speech therapy sessions.



The unit joined more than 200 delegates in Creswick for the Victorian Aboriginal Early Years Learning and Development Summit, a Closing the Gap Victoria sector initiative developed to ensure self-determination in the Aboriginal Early Years sector.

The team also took advantage of the Royal Children's Hospital training platform to complete monthly webinars and receive education support, equipping them with the latest knowledge to meet health needs for children's care.

In community controlled health, the biggest advantage is collaborating with other Aboriginal community controlled organisations and supporting each other to improve practices for the whole Community. The MCHN team regularly met with other organisations providing similar services to achieve this common goal.

Looking ahead

In 2024-25, the key priority for the Women's and Children's Unit is continued unit growth.

This would see an increase in size of the maternal and child health team to allow the service to be delivered at all four VAHS sites, recruiting a social worker for all four sites, recruiting another Aboriginal Health worker or practitioner and backfilling in-demand paediatric positions.

Following success in 2023-24, further partnerships with council MCHN Aboriginal services are on the horizon, with plans to meet monthly with the Whittlesea Deadly Boorais Team and Hume Aboriginal MCHN team.

Continued training and development is also slated for 2024-25, with the unit to attend breastfeeding training, allowing staff to help support the community to increase breastfeeding rates and eventually, implement a breastfeeding clinic.



Family Counselling Services

VAHS' Family Counselling Services realigned throughout 2023-24 to ensure a more holistic approach across adult mental health, alcohol or drug (AOD) support, the Men's Health Unit, Koori Kids and Garra Kombrook services.

The realignment will forge ongoing commitment to servicing Community needs by creating more AOD and social and emotional wellbeing (SEWB) workers, enabling further outreach and alternating days across VAHS' Fitzroy, South Morang and St Albans sites.

The realignment has been a critical initiative for all Family Counselling Services programs, building a model with a foundational framework to cultivate effective leadership and better align with the organisation's strategic goals.

It will also create greater opportunities for Aboriginal people to gain employment, with professional development pathways into the mental health, AOD and clinical sector. Already, there has been significant increase in young Aboriginal people applying for positions in these areas.

Under the realignment, Community members will be able to access detox programs and rehabilitation to see a general practitioner and discuss pharmacotherapies (prescribed medications) to help them to stay off alcohol and/or drugs. SEWB workers will also be able to expand and advocate with Victoria Police, Child Protection and the Courts to connect clients to other support such as mental health workers, doctors, housing workers, emergency housing and more.

More members of the team are participating in Family Counselling leadership meetings, fostering a collaborative approach to the unit's leadership and giving more team members the opportunity to share their insights from the front line.





Family Counselling Services has completed WorkSafe Victoria compliances for dealing with mental health based vicarious trauma, which will be a continuing priority for ongoing staff training to not only maintain a high service standard, but to also ensure staff wellbeing.

Most clinical staff documents have been transferred to MMEX for client record-keeping, case management tools and Victorian Alcohol and Drug Collection. This is a vital part of AOD and case managers' roles, supporting the client and service management.

Continuing services

Family Counselling Services will receive four years ongoing funding from the Department of Family, Fairness and Housing (DFFH) and North-West Primary Health Care Network (NWPHN) for adult mental health and SWB programs.

VAHS' anonymous, 24/7 phone counselling phone line Yarning Safe N Strong is also set to receive further funding in 2024-25, with the hope of obtaining ongoing fixed funding to support this essential service.

The VAHS Women's Group is still facilitated weekly, providing a supportive and culturally safe place for Koori women to relax, yarn, improve wellbeing and enjoy themselves. External support services including the Darebin diversity group, National Disability Insurance Scheme (NDIS), Ngwala, Sheriff Aboriginal Liaison, Victorian Aboriginal Child Care Agency (VACCA), Victorian Aboriginal Legal Service (VALS), in addition to VAHS' internal services Stolen Gen and Women and Children's Unit.

The Men's Health Unit, Garra Kombrook and AOD teams continue to foster a culture of quality and compliance, providing a high standard of culturally safe service while adhering to industry standards and best practice. Family Counselling Service has prioritised ongoing staff training and quality assurance processes to maintain VAHS' high standards.

What's changing

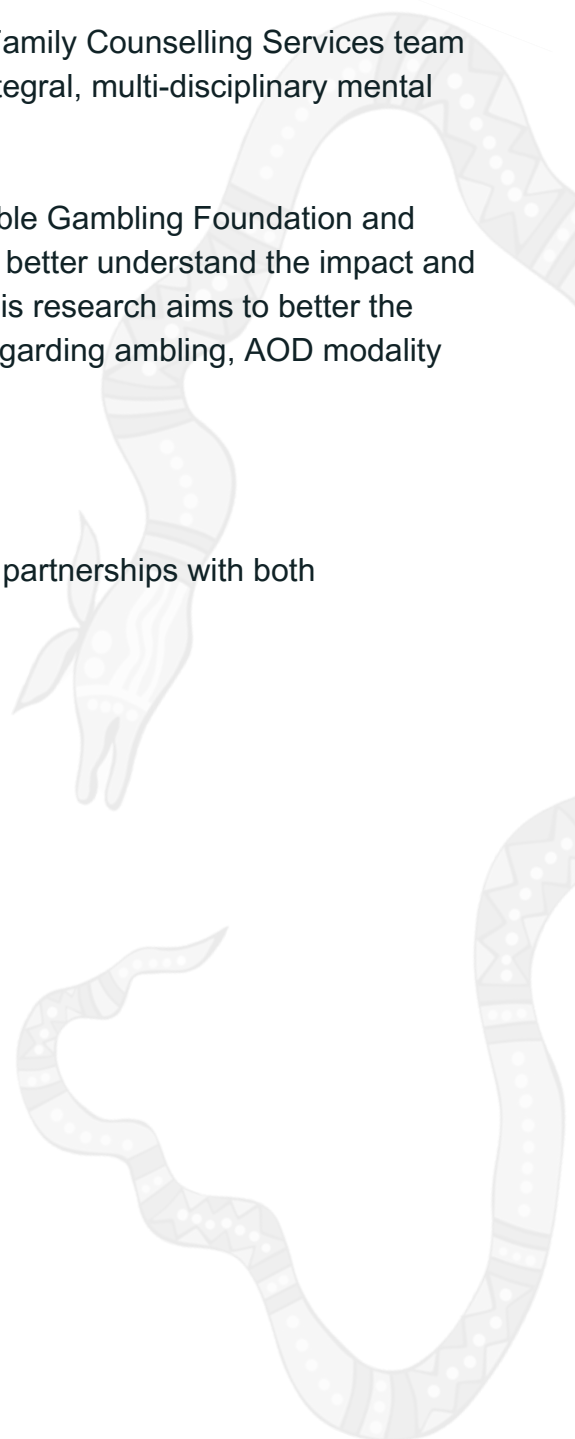
Balit Djerring will be phased out in the realignment, but the Family Counselling Services team will maintain the Balit Djerring model as it rolls out a more integral, multi-disciplinary mental health program.

The team received final funding from the Victorian Responsible Gambling Foundation and partnership with Latrobe University Research Department to better understand the impact and harm of gambling on Aboriginal people and their families. This research aims to better the understanding of Community experience and preferences regarding gambling, AOD modality issues and how to seek help.

Partnerships

Family Counselling Services has developed and maintained partnerships with both Community Controlled and mainstream services, including:

- Baptcare
- Bunjilwarra
- Department of Family, Fairness and Housing
- Department of Health
- Neami National
- North-West Primary Health Care Network
- Odyssey House
- Royal Children's Hospital
- St Vincent's Hospital (psychiatric beds)
- Wadamba Wilum



Financial Counselling Services' Bunjilwarra project, which commenced in early 2024 maintains a partnership between VAHS and Youth Support + Advocacy Service (YSAS).

The expansion and renovation of Bunjilwarra continues to run steady into 2024-25.

The AOD team continues to nurture relationships with other Aboriginal organisations and services that promote healthy lifestyle choices, including:



- Austin Hospital
- Carrum Place
- Corrections (all sites)
- Djirra
- Elizabeth Morgan House
- Ngwala Willumbong
- Northern Hospital
- Odyssey House
- St Vincent's Hospital
- Victorian Aboriginal Child Care Agency (VACCA)
- VAHS Men's Group (community members)
- VAHS Women's Group (community members)
- Other external detox facilities

Looking ahead

Family Counselling Services is continuing to grow its finances and expand its programs. A further four years of funding enables the unit to manage and plan programs, retain staff and ensure integrity, effectiveness and sustainability to best benefit Community and foster SEWB expansion and more psychologists.

The expansion for SEWB youth workers highlights the need to further reach the needs of Communities that cannot access culturally safe programs, such as Aboriginal youth specific AOD programs, suicide prevention and family violence.

Community Programs

In 2023-24, the Community Programs Unit engaged with Community through a range of services, including:

Allied Health

Podiatry, physiotherapy, occupational therapy, dietetics, and community outreach nursing services for people who are aged 50-plus under the Commonwealth Home Support Program, or people aged 49 or under who have a disability or chronic health condition under the Home and community Care Program for Younger People.

VAHS' allied health services are also offered to people with National Disability Insurance Scheme (NDIS) and Home Care Packages.

Currently, VAHS delivers allied health to 11 NDIS participants through NDIS plans.

During 2023-24, the unit negotiated service agreements with more than 25 Home Care Package providers, enabling VAHS to invoice allied health services packages, with plans to expand in 2024-25.



Social support

The VAHS Community Programs team introduced the Deadly Elders Circus and Deadly Elders Games groups, which provide a fun, but competitive environment for Elders' to move their bodies and connect socially with their peers.

For Deadly Elders Circus, Nexus Circus provides a circus trainer who works alongside VAHS physiotherapists to deliver falls prevention and improving balancing workshops in a fun environment.



Integrated Team Care Program

Funded by the North/West and East Primary Health Networks, the ITC program provides an outreach service to assist clients in managing chronic health conditions.

Additionally, the ITC program offers a range of well-attended spiritual and emotional wellbeing support programs and activities, such as a group lunch club, excursions, overnight stays, cultural activities and art classes.

NDIS Access Service

VAHS' Aboriginal Disability Liaison Officers (ADLOs) assist Community members living with disability to access NDIS packages, providing guidance and support to their general practitioner and other treating health professionals, and provide eligibility information.



VAHS is now an accredited NDIS provider and is looking to expand its service offerings, and completed training on delivering support coordination.

The Community Programs team has identified demand for support coordination services under the NDIS, and is currently exploring development to deliver this service, with our ADLOs having already completed a support coordination training course.

The team has also continued to complete further webinars and training, as well as developed new policies to keep up with NDIS and Aged Care standards and reforms.



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Elder Care Support Programs

VAHS has two elder care support workers, who trained to provide support Elders accessing and navigating My Aged Care and other aged care services.



The Community Programs unit also organised a high tea event for Elders at the Windsor Hotel during Senior Citizens Week in October 2023, thanks to funding from the Department of Families, Fairness and Housing. With future departmental funding, the unit aims to continue this event in 2024-25.

VAHS dietitians and diabetes educators also held a stall at the inaugural Aboriginal Aged Care Summit in October 2023, distributing diabetes information packs.

Accessibility

To continue supporting Community so no-one is left behind regardless of their postcode, the Community Programs team commenced plans to expand allied health services to the VAHS South Morang clinic.

Of VAHS' allied health clients, 40 per cent live in Whittlesea and Darebin, with increased demand for services closer to people's homes.

The team recruited new NDIS and ECS staff, who attend all four VAHS sites as required to ensure accessibility for all clients.

Staff also completed first aid and CPR training to bolster existing skillsets with these life saving skills.

Cultural awareness training

In addition to upskilling our own team to provide the very best service for Community, the team is working with external organisations and services to provide cultural awareness training.

VAHS has partnered with Australian Catholic University (ACU) and La Trobe University to provide cultural awareness training for students studying courses including occupational therapy and podiatry, as well as hosting an Aboriginal occupational therapy student from ACU for her six-week field education training, investing in Aboriginal healthcare workers of the future.

There are plans to expand our cultural training, having begun negotiations with La Trobe University Dietetics Unit to deliver cross cultural training to students.



The ECS team also delivered an information session to Care Finders, the equivalent of our ECS team in mainstream health.

Looking ahead

In 2024-25, the Community Programs team will continue its ongoing programs and launching exciting new initiatives.

VAHS has been successful in receiving a grant to deliver a Healthy Eating for Diabetes program.



Centralised Services



In November 2023, public drunkenness was decriminalised, following three decades of activism and advocacy by Aboriginal Communities. This significant reform stems from longstanding recommendations provided in the 1991 Royal Commission into Aboriginal Deaths in Custody.

VAHS' Centralised Services unit is a statewide initiative, that manages one of the three essential components of the Public Intoxication Response (PIR) program.

The PIR prioritises delivering safe, immediate and short term support for Community recovering from a state of alcohol intoxication, such as place assistance, transport, monitoring and short-term care follow up referral support.

Centralised Services, or intake, referral and dispatch's role is to triage calls and requests for assistance, coordinate and dispatch requests for assistance, and provide alcohol or drug specific information to outreach teams.

The team supports not only Aboriginal and Torres Strait Islander peoples, but also the general population.

VAHS delivers these programs to Aboriginal and Torres Strait Islander Communities in 12 locations across Victoria, with places of safety in Metropolitan Melbourne, Geelong, Mildura, Swan Hill, Ballarat, Bendigo, Shepparton, East Gippsland and Latrobe Valley.

While service hours vary depending on the region, Metropolitan Melbourne's location offers a 24-hour service.

One year into the program, VAHS has witnessed positive outcomes for Community who may have otherwise fallen through the gaps, receiving stable and safe support with follow up care options if requested.

The service has reduced presentations at the emergency department or dependence on emergency services, while offering culturally safe support and a health-based response. It has also prevented court appearances, criminal charges and incarcerations, while helping VAHS get closer to its core goal, to put an end to Aboriginal Deaths in Custody.

Background

In August 2023, VAHS was awarded tender to run the program, with eight weeks to make it fully operational.

To our knowledge, no other Aboriginal organisation in Victoria has secured a tender of this scale when competing with mainstream agencies for funding.

Given this was to be a 24/7 call centre, VAHS designed a high quality, reliable model centred on risk management, while ensuring cultural safety for Community and serving the diverse needs of Communities across the entire state.

VAHS strategically place call operators within regional areas to respect local cultural differences, ensuring access to local services for support upon receiving calls, and Aboriginal leadership was highly prioritised. Both the cultural and clinical leads are Aboriginal people, and 60 per cent of the state workforce identify as Aboriginal and/or Torres Strait Islander.

To ensure the program's success, Centralised Services has built networks with Victoria Police, Ambulance Victoria, hospitals, liquor license venues and other stakeholders to raise awareness and understanding, and ensure a coordinated response to public intoxication incidents across the state.

Moving forward, VAHS will continue to collaborate with ACCHOs, ACCOs and other stakeholders, and oversee services to ensure they remain effective, to demonstrate the ongoing need for this important reform.



Statistics

Since the program's inception, Centralised Services has:

- Received more than 2,500 calls to our line
- Supported 1,053 Victorians to safe sobering facilities, or transported them to a place of safety known to them.
- Of the 1,053 people, 30 per cent were from Aboriginal and/or Torres Strait Islander Communities
- The top three metro suburbs supported were Fitzroy, Collingwood and St Kilda
- The top three call sources were police, ambulance and protective services officer
- The youngest person supported was 14 years old
- The oldest person supported was 80 years old

Case studies:

Case study one

VAHS received a call from a police officer in regional Victoria who had encountered an Aboriginal man in his 50s sleeping rough.

It was identified he was from the Northern Territory, with no connections to family or community in Victoria, and police were unsure how he came to be in this area.

Unfortunately, there were limited services in the region, so VAHS was unable to support at the time.

However, the following morning, VAHS contacted the local ACCHO, which contacted the police directly.

By that afternoon, the man presented at the ACCHO where he was provided with accommodation, food provisions and follow up support to connect with services, Community and family.

Case study two

VAHS received a call from Ambulance Victoria during the Christmas break.

Paramedics had been called to the home of a young woman who was currently receiving support to alcohol dependence, however, due to the Christmas period, usual services were closed.

The woman was feeling isolated from family and friends, and could not access her regular support network, which led her to relapse.

This call was transferred to VAHS' alcohol and drug clinician, who conducted a single counselling session to talk through strategies and other support that may be available at the time.

This resulted in the woman not requiring transport to the emergency department for further follow up.



Financial Report

VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED ABN: 51 825 578 859
FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2024

DIRECTORS' REPORT

Your directors present their report on the Victorian Aboriginal Health Service Co-operative Limited (VAHS) for the financial year ended 30 June 2024.

The names of the directors in office during or since the end of the year are, Tony McCartney, Stacey Brown, Ronald Briggs, Shelley Williams, Andrew Morrison, Helen Kennedy, Brodie Cook & Kaelun Brown.

The total operating surplus for 2023-2024 is \$27,202 (2022-2023 \$79,338)
Revenue increased by 38.92% equivalent to \$10,637,212 during the year.
Expenditure increased by 39.22% equivalent to \$10,689,348 for the same period.

VAHS being on the growth trajectory working rigorously to make sure that we continue to meet the growing needs of the community and more.

At the beginning of the reporting year, we successfully opened our second satellite clinic in St Albans which is now under full operations.

VAHS ended its lease on our Epping site in March 2024. However, we secured a new 10-year lease in South Morang with \$2 million funding to support the transition and lease.

This financial year also saw the launch of the Public Intoxication Response Centralised Services Program last November after securing a major tender.

We renewed our properties at the end of the financial year which has led to the change in the asset revaluation reserves of \$1,168,778.

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 Cooperative 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 principal activity during the financial year was the provision of health services to indigenous 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)

Directors have been in office since inception to the date of this report unless otherwise stated. Qualifications, experience and special responsibilities of Directors are as follows:

Tony McCartney
Chairperson

Elected officer bearer
18 December 2023

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, four daughters and grandfather to ten grandchildren.

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 four senior management roles in Aboriginal organisations in Victoria and has 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, and early learning.

Stacey Brown
Treasurer

Elected office bearer
18 December 2023

A proud Yorta Yorta and Dja Dja Wurrung woman, Stacey has been working within the Early Childhood Education sector for over 30 years and had been the CEO of Yappera Children's Service since January 2004.

Stacey's formal qualifications include a Bachelor of Education, a Diploma of Children's Services, a Certificate IV in Business (Governance), a Certificate in Business and a Diploma in Business (Frontline Management).

DIRECTORS' REPORT (continued)

Stacey firmly believes that the Early Years are fundamentally important as they lay the foundations for future health, growth and development.

Ronald Briggs
Deputy Chairperson
Elected office bearer
18 December 2023

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.

Shelley Williams
Director

Shelley is a proud Gunditjmara woman, born and raised in Melbourne. Raised around the Fitzroy community and at the age of 18 Shelley started a traineeship as a Dental Nurse at the VAHS and then went on to completing the Koori Kollij Aboriginal Health Worker training course in 1984. Shelley has also been a Aboriginal Health Worker and the Closing the Gap Health Promotions at VAHS.

DIRECTORS' REPORT (continued)

After a great year at Koori Kollij, Bruce McGuinness asked Shelley to edit the Fitzroy community newspaper, Koorier 2 where she went on to produced three editions of the newspaper before taking eight years off to start a family.

Shelley was involved in the creation of the community newspaper the 'Koori Times' in 1993 and has had previously worked at the Marg Tucker Girls and Aboriginal Housing Victoria.

With experience on Boards, committees and involvement with the Gunditjmara Native Title Group, Shelley has passion and cares for her Community and endeavours to do her best as a Director of the VAHS.

Andrew Morrison

Director

Term concluded April 2023

Andrew is a proud Gunditjmara man that has over 20 years' experience working in the Aboriginal Health Sector including Government, mainstream and Aboriginal Community Controlled Organisations. Andrew is currently a member on the Whittlesea Reconciliation Group, Northern Health Aboriginal Advisory Committee and is also a member of the Community Consultative Committee for the City of Whittlesea Community Hospital.

Andrew has a Diploma of Aboriginal Welfare, Cert IV Training & Assessment and has completed various internal management courses at is workplace.

Andrew is currently employed as the Senior Aboriginal Employment and Cultural Safety at City of Whittlesea.

DIRECTORS' REPORT (continued)

Helen Kennedy

Director

Helen is a proud descendant of the Trawlwoolway and Plairmairener clans from North East Tasmania. She has over 25 years experience working at senior levels in government including supporting new policy frameworks to improve Aboriginal social and emotional well-being as well as practice-based experience in service delivery, having managed the Aboriginal specialist 'VAHS Family Counselling Services for seven years leading to a range of innovative new service models and research initiatives.

Brodie Cook

Director

Coopted 27 June 2024

Brodie is a proud Yorta Yorta man. He was born in Melbourne and has lived throughout metro and rural Victoria.

Brodie has a Certificate IV in Project Management, Certificate IV in Leadership and Management and has completed Data Analysis and Visualisation Short Courses. Brodie has years of experience facilitating and participating in high level meetings, groups and conferences. Throughout his career, he has participated in the Aboriginal Strategic Governance Meetings, Dhelk Dja Leadership Group, Nation Aboriginal Data Sovereignty Group through Melbourne University and many other groups, forums and committees. Being part of these aforementioned groups has developed certain skills and ability which assists him to positively contribute to the ongoing work of the VAHS Board and strategic direction. He brings the voice, understanding and perspective of the younger generation.

DIRECTORS' REPORT (continued)

Kaelun Brown
Director
Term concluded February
2024

A proud Gunditjmara, Yorta Yorta, Wurundjeri and Wiradjuri man. Kaelun is a qualified plumber, running his own business and employs 15 local Aboriginal plumbers. Through his business, Kaelun also provides apprenticeship, training and employment opportunities to Aboriginal youth in the plumbing and construction industries. Kaelun is also qualified with his Certificate IV in Men's Behaviour Change and used this in his work in the Family Violence sector through VAHS and VACSAL for 10 years. Kaelun is also involved in Yellow Tales Services for the mentoring and consultancy for young people in Community.

Kaelun has been a passed Board Member of VACSAL, been on the RAJAC Committee, and is a founder of the Willan Guiding Spirit Foundation. Kaelun is currently a Director on the National Indigenous Plumbing Sanitation Foundation and the Manager for Fitzroy Stars Football and Netball, running various programs for Community. Kaelun also is a traditional cultural dancer and has been doing this for 30+ years, he is able to continue to mentor youth through culture and healing.

During the financial year, 7 meetings of directors were held.

Attendees were:

Director

Tony McCartney
Stacey Brown
Ronald Briggs
Shelley Williams
Andrew Morrison
Kaelun Brown
Helen Kennedy
Brodie Cook

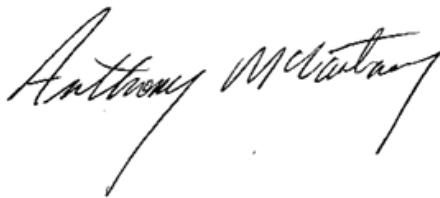
Directors' meetings	
Number eligible to attend	Number of meetings attended
6	6
6	5
6	4
6	4
6	6
1	1
6	4
3	2

DIRECTORS' REPORT (continued)

Auditor's Independence Declaration

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

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



Anthony McCartney

Chairperson



Stacey Brown

Treasurer

Dated this 20th day of November 2024





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

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2024 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 Bentley's Audit Pty Ltd

McLean Delmo Bentleys Audit Pty Ltd

Matthew Forbes
Partner

Hawthorn
20 November 2024



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

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR
ENDED 30 JUNE 2024**

	Note	2024 \$	2023 \$
Revenue from operating activities	2	36,665,019	26,144,218
Revenue from non-operating activities	2	1,306,034	1,189,623
Employee benefits expense		(27,905,439)	(21,670,680)
Depreciation and amortisation expense	4	(1,727,382)	(1,155,694)
Communications expense		(331,306)	(360,369)
Travel and accommodation expense		(400,830)	(223,978)
Medical and dental supplies		(779,626)	(643,272)
Repairs and maintenance		(376,173)	(147,074)
Cleaning expense		(113,789)	(108,172)
Professional and consulting fees		(788,571)	(412,784)
Computer software		(735,084)	(443,389)
Rents and rates		(150,794)	(45,410)
Computer services		(518,668)	(450,510)
Electricity usage		(109,322)	(102,732)
Program specific expenses		(2,297,980)	(609,138)
Motor Vehicle expenses		(274,386)	(231,055)
Photocopy and stationery expenses		(68,209)	(55,632)
Food supplies		(101,948)	(64,502)
Materials and stores		(52,669)	(39,226)
Interest on lease liabilities		(60,912)	(16,545)
Other expenses		(1,150,763)	(474,341)
Surplus for the year		27,202	79,338
Other comprehensive income – changes in asset revaluation reserves (see note 8 b))		1,168,778	-
Total comprehensive income		1,195,980	79,338

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 2024

	Note	2024 \$	2023 \$
CURRENT ASSETS			
Cash and cash equivalents	5	1,474,608	4,312,011
Financial assets	6	13,681,817	13,650,000
Trade and other receivables	7	964,302	499,861
TOTAL CURRENT ASSETS		16,120,727	18,461,872
NON CURRENT ASSETS			
Property, plant and equipment	8	15,088,760	11,390,979
TOTAL NON CURRENT ASSETS		15,088,760	11,390,979
TOTAL ASSETS		31,209,487	29,852,851
CURRENT LIABILITIES			
Trade and other payables	9	9,714,100	13,214,931
Lease liabilities	10	390,108	187,080
Provisions	11	3,053,605	2,426,385
TOTAL CURRENT LIABILITIES		13,157,813	15,828,396
NON-CURRENT LIABILITIES			
Lease liabilities	10	2,967,401	53,392
Provisions	11	253,768	336,538
TOTAL NON-CURRENT LIABILITIES		3,221,169	389,930
TOTAL LIABILITIES		16,378,982	16,218,326
NET ASSETS		14,830,505	13,634,525
EQUITY			
Contributed equity		531	531
Reserves	12	6,713,121	5,544,343
Retained surplus		8,116,853	8,089,651
TOTAL EQUITY		14,830,505	13,634,525

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 2024

	Contributed Equity \$	Reserves \$	Retained Surplus \$	Total \$
Balance as at 30 June 2022	531	5,544,343	8,010,313	13,555,187
Surplus for the year	-	-	79,338	79,338
Other comprehensive income	-	-	-	-
Total comprehensive income	-	-	79,338	79,338
Balance as at 30 June 2023	531	5,544,343	8,089,651	13,634,525
Surplus for the year	-	-	27,202	27,202
Other comprehensive income (see note 8 b))	-	1,168,778	-	1,168,778
Total comprehensive income	-	1,168,778	27,202	1,195,980
Balance as at 30 June 2024	531	6,713,121	8,116,853	14,830,505

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 2024

	Note	2024 \$	2023 \$
Cash Flows from Operating Activities			
Grants received and operating activities	3	31,153,764	31,160,390
Interest received		870,639	428,934
Interest paid on lease liabilities		(60,912)	(16,545)
Other receipts		4,944,735	2,141,353
Payments to suppliers and employees		(38,635,060)	(28,190,963)
Net cash provided by Operating Activities	16	(1,726,834)	5,523,169
Cash Flows from Investing Activities			
Net transfers (to) / from bank term deposits		(31,817)	(4,550,000)
Payments for property, plant and equipment		(972,372)	(1,316,838)
Proceeds from disposal of plant and equipment		226,559	142,886
Net cash used in Investing Activities		(777,630)	(5,723,952)
Cash Flows from Financing Activities			
Payments for lease liabilities		(332,939)	(335,319)
Net cash used in Investing Activities		(332,939)	(335,319)
Net decrease in cash held		(2,837,403)	(536,102)
Cash and cash equivalents at the beginning of the year		4,312,011	4,848,113
Cash and cash equivalents at the end of the year	16	1,474,608	4,312,011

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 2024

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICY INFORMATION

The material accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

Basis of preparation

The financial report covers Victorian Aboriginal Health Services Co-operative Limited as an individual entity. Victorian Aboriginal Health Services Cooperative 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 – Simplified Disclosures 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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICY INFORMATION (continued)

The financial statements were authorised for issue by the Directors of the Co-operative on the date of the Directors' Report.

(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	10% to 20%
Furniture and equipment	0% to 40%
Motor vehicles	18.75% to 33%
Copyright of floor design	5%

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICY INFORMATION (continued)

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) Leases

For leases that have significantly below-market terms and conditions principally to enable the Co-operative to further its objective (commonly known as peppercorn/concessionary leases), the Co-operative has adopted the temporary relief under AASB 2018-8 and measures the right-of-use assets at cost on initial recognition.

(d) 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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICY INFORMATION (continued)

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.

(e) Revenue

Grants and Donations

When the Co-operative receives operating grant revenue or donations, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15.

When both these conditions are satisfied, the Co-operative:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Co-operative:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example AASB 9, AASB 116 and AASB 138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and - recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICY INFORMATION (continued)

If a contract liability is recognised as a related amount above, the Co-operative recognises income in profit or loss when or as it satisfies its obligations under the contract.

Capital grant

When the Co-operative receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

The Co-operative recognises income in profit or loss when or as the Co-operative satisfies its obligations under terms of the grant.

Interest income

Interest income is recognised using the effective interest method. All revenue is stated net of the amount of goods and services tax.

(f) Critical Accounting Estimates and Judgements

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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICY INFORMATION (continued)

Estimation of useful lives of assets

The Co-operative determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Employee benefits provision

As discussed in note 1(d), the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

	2024 \$	2023 \$
NOTE 2 REVENUE		
Revenue from operating activities - Grants and program revenue		
Commonwealth Government departments, funded agencies and authorities		
Department of Health – Federal	11,857,791	8,440,713
Department of Human Services		
Medicare	1,791,473	1,459,109
Practice Incentive Programs	65,446	139,715
Department of Social Services	125,740	115,725
Grants and program revenue from other Commonwealth funded agencies and authorities:		
Eastern Melbourne Primary Healthcare Network	172,117	126,482
North Western Melbourne Primary Healthcare Network	1,771,054	1,025,845
Australian General Practice Training MCC	-	247,165
Other DJPR	314,997	275
	<u>16,098,618</u>	<u>11,555,029</u>
Victorian Government departments, funded agencies and authorities		
Department of Health – State	13,677,288	10,435,239
DPC	1,080,895	15,350
Victorian Responsible Gambling Foundation	350,336	393,775
Baptcare	151,285	172,758
Dental Health Services Victoria	1,445,376	956,156
	<u>16,705,180</u>	<u>11,973,278</u>
Non-Government program revenue		
Youth Support and Advocacy Service – Bunjilwarra	1,380,089	1,315,031
Other Non-Government program revenue	2,481,132	1,300,880
	<u>3,861,221</u>	<u>2,615,911</u>
Total Revenue from operating activities	<u>36,665,019</u>	<u>26,144,218</u>
Revenue from non-operating activities		
Donations	68,268	66,133
Interest received	870,639	428,934
Gain on sale of fixed assets	60,596	142,886
Sundry sales and income	306,531	551,670
Total Revenue from non-operating activities	<u>1,306,034</u>	<u>1,189,623</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 2024

	2024	2023
	\$	\$
NOTE 3 GRANTS		
Grants and program revenue received during the financial year comprise:		
Commonwealth Government departments, funded agencies and authorities		
Department of Health – Federal	11,326,989	11,743,708
Department of Human Services		
Medicare	1,791,473	1,459,109
Practice Incentive Programs	65,446	139,715
Grants and program revenue from other Commonwealth funded agencies and authorities:		
Eastern Melbourne Primary Healthcare Network	226,851	6,000
North Western Melbourne Primary Healthcare Network	1,771,054	1,593,825
Other	122,016	442,270
	15,303,829	15,384,627
Victorian Government departments, funded agencies and authorities		
Department of Health – State	12,474,343	10,885,261
Victorian Responsible Gambling Foundation	665,562	491,022
Baptcare	151,285	-
Dental Health Services Victoria	1,445,376	956,156
	14,736,566	12,332,439
Non-Government program revenue		
Youth Support and Advocacy Service – Bunjilwarra	1,380,089	1,315,031
Other Non-Government program revenue	1,178,656	2,128,293
	2,558,745	3,443,324
Total Grants and program revenue received	32,599,140	31,160,390

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 2024

	2024	2023
	\$	\$
NOTE 4 DEPRECIATION AND AMORTISATION EXPENSE		
Surplus has been determined after:		
Charging as expenses / crediting as revenue:		
Depreciation of property, plant and equipment	1,379,703	854,812
Amortisation of right of use assets	347,679	300,882
Total depreciation and amortisation	<u>1,727,382</u>	<u>1,155,694</u>
NOTE 5 CASH AND CASH EQUIVALENTS		
Cash on hand		
Non-interest bearing	800	800
Interest bearing	1,473,808	4,311,211
	<u>1,474,608</u>	<u>4,312,011</u>
Specific purpose cash and financial assets		
Cash and cash equivalents and financial assets are held for the following specific purposes:		
Unexpended grants and grants received in advance (Note 9(a))	7,685,712	11,829,092
Cash and cash equivalents and financial assets – Specific purposes	<u>7,685,712</u>	<u>11,829,092</u>
Other cash and financial assets		
Cash and cash equivalents and financial assets – Other purposes	<u>7,470,713</u>	<u>6,132,919</u>
NOTE 6 FINANCIAL ASSETS		
Term deposits	13,681,817	13,650,000
	<u>13,681,817</u>	<u>13,650,000</u>
NOTE 7 TRADE AND OTHER RECEIVABLES		
Trade debtors	536,449	85,956
Sundry debtors	427,853	413,905
	<u>964,302</u>	<u>499,861</u>
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 2024

		2024 \$	2023 \$
NOTE 8 PROPERTY, PLANT AND EQUIPMENT			
Land at independent valuation	(b)	5,225,000	5,000,000
Freehold building at independent valuation	(b)	2,975,000	2,150,000
Freehold building at cost	(b)	-	1,159,659
Less: accumulated depreciation		-	(356,080)
		2,975,000	2,953,579
Leasehold buildings at independent valuation	(b)	1,650,000	1,500,000
Leasehold buildings at cost		531,479	1,835,705
Less: accumulated depreciation		(313,476)	(1,396,133)
		1,868,003	1,939,572
Furniture and equipment at cost		1,512,802	1,169,329
Less: accumulated depreciation		(961,562)	(830,913)
		551,240	338,416
Copyright of floor design at cost		20,000	20,000
Less: accumulated amortisation		(20,000)	(20,000)
		-	-
Motor vehicles at cost		1,737,294	1,522,775
Less: accumulated depreciation		(748,301)	(603,787)
		988,993	918,988
Right-of-Use Assets (ROU)		3,765,574	1,102,191
Less: accumulated depreciation		(422,853)	(861,767)
		3,342,721	240,424
Work in progress		137,803	-
Total property, plant and equipment		15,088,760	11,390,979

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

(a) Movement in carrying amounts

2024	Land	Freehold buildings	Leasehold buildings	Furniture & equipment	Motor vehicles	Right-of-Use Assets	Work in progress	Total
	\$	\$	\$	\$	\$	\$	\$	\$
Opening Balance	5,000,000	2,953,579	1,939,572	338,416	918,988	240,424	-	11,390,979
Additions	-	-	110,614	343,473	380,482	3,449,976	137,803	4,422,348
Revaluation	225,000	136,412	807,366	-	-	-	-	1,168,778
Disposals	-	-	-	-	(165,963)	-	-	(165,963)
Depreciation	-	(114,991)	(989,549)	(130,649)	(144,514)	(347,679)	-	(1,727,382)
Closing balance	5,225,000	2,975,000	1,868,003	551,240	988,993	3,342,721	137,803	15,088,760

(b) Asset revaluation

The Board valuations of the Company's freehold and leasehold land and buildings were based on independent valuations conducted by Julian Valmorbidia Certified Practising Valuer of Wallace Commercial (Vic) Pty Ltd. The properties situated at 186 Nicholson Street, Fitzroy, Victoria, 664-666 Smith Street, Clifton Hill, Victoria and 238-250 Plenty Road, Preston, Victoria were revalued on 30 June 2024.

	2024	2023
	\$	\$
NOTE 9 TRADE AND OTHER PAYABLES		
Trade creditors	396,257	346,512
Accruals	1,373,474	735,801
GST Payable	258,657	303,526
Unexpended grants and grants received in advance (a)	7,685,712	11,829,092
	<u>9,714,100</u>	<u>13,214,931</u>
(a) Unexpended grants and grants received in advance:		
Unexpended grants are grants received on or before 30 June 2024 for which plans have been established for utilisation on or before 30 June 2024. Grants received in advance are grants received in the year to 30 June 2024 to be used in the year to 30 June 2025.		
Commonwealth Government	3,943,008	4,596,671
Victorian Government	2,656,351	6,784,669
Other non-government program revenue	1,086,353	447,752
Total unexpended grants and grants received in advance	<u>7,685,712</u>	<u>11,829,092</u>
NOTE 10 LEASE LIABILITIES		
CURRENT		
Lease Liabilities	<u>390,108</u>	<u>187,080</u>
NON-CURRENT		
Lease Liabilities	<u>2,967,401</u>	<u>53,392</u>

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

NOTE 11 PROVISIONS

CURRENT

Provision for annual leave	1,957,715	1,629,339
Provision for long service leave	1,095,890	797,046
	3,053,605	2,426,385

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	253,768	336,538
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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(d).

2024	2023
\$	\$

NOTE 12 RESERVES

Building project

The building project reserve of \$4,813,121 represents funds for the replacement of buildings and revaluations of land and buildings.

Capital Reserve

The capital reserve of \$1,900,000 represents the fair value of the Smith Street property acquired at no cost.

NOTE 13 AUDITORS' REMUNERATION

Audit fees for auditing the financial statements	35,900	34,200
	35,900	34,200

NOTE 14 KEY MANAGEMENT PERSONNEL COMPENSATION

The aggregate compensation made to directors and other members of key management personnel of the Co-operative is set out below:

Salary	1,181,948	880,828
Superannuation	120,874	92,545
	1,302,822	973,373

NOTE 15 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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

NOTE 16 CASH FLOW INFORMATION

(a) Reconciliation of Cash

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

Cash on hand and at bank	1,474,608	4,312,011
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(b) Reconciliation of Cash Flow from Operations with surplus for the year

Surplus for the year	27,202	79,338
Non-cash flows in surplus:		
Depreciation and amortisation	1,727,382	1,155,694
Profit on sale of asset	(60,596)	(142,886)
Changes in assets and liabilities:		
Decrease in trade and other receivables	(464,441)	193,035
Increase in trade and other payables	(3,500,831)	4,119,731
Increase in provisions	544,450	118,257
Net cash provided by operating activities	(1,726,834)	5,523,169

NOTE 17 LEASE COMMITMENTS

The Co-operative has lease commitments in relation to office equipment and the clinics at Epping and St Albans which are recognised as right-of-use assets and lease liabilities on the Co-operative's balance sheet as at 30 June 2024.

The Co-operative has two lease arrangements with the State of Victoria for the exclusive use of Crown Land in Fitzroy for specific activities including Aboriginal health and medical services. The lease payments for the two leases are \$1 per annum each, payable yearly in advance, for a 99 year term commencing 1 May 1988 and 1 January 1992 respectively.

The Co-operative is dependent on this lease to further its objectives in this area. Without this concessionary lease, it would be unlikely for the Co-operative to service this area due to high market rates in this area. More information on the concessionary leases is available as described in Note 1(c).

NOTE 18 EVENTS AFTER THE REPORTING PERIOD

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

NOTE 19 CONTINGENT LIABILITIES

In respect to the Smith St. Property, the Minister for Aboriginal Affairs had a mortgage of \$400,000 over the property for the year ended 30 June 2023. This was closed during the financial year.

Bank guarantees had been provided to Commonwealth Bank of Australia amounting to \$49,527 for the year ended 30 June 2023 in respect of property leases. The guarantees were secured over a bank account. This was closed and the funds returned on 25 June 2024.

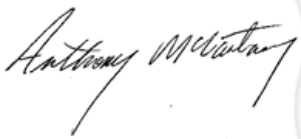
VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED
ABN 51 825 578 859

DIRECTORS' DECLARATION

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

1. The financial statements and notes, as set out on pages 6 to 18: (a) comply with Australian Accounting Standards – Simplified Disclosures, 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 2024 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.



Anthony McCartney
Chairperson



Stacey Brown
Treasurer

Dated this 20th day of November, 2024



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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 ('the Company'), which comprises the statement of financial position as at 30 June 2024, 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 material accounting policy 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 Company's financial position as at 30 June 2024 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Simplified Disclosures, the Co-operatives National Law Application Act 2013 and Division 60 of the Australian Charities and Not-for-profit Commission Regulations 2022.

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.



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

We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (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 Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures, 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 Company'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 Company or to cease operations, or has no realistic alternative but to do so.



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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 Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Directors.



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

- 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 Company'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 Company 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

McLean Delmo Bentleys Audit Pty Ltd

Matthew Forbes

Matthew Forbes
Partner

Hawthorn
20 November 2024



**VICTORIAN ABORIGINAL
HEALTH SERVICE**
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