




VICTORIAN ABORIGINAL HEALTH SERVICE

ANNUAL REPORT 2022-23



The Victorian Aboriginal Health Service (VAHS) is passionate and committed to providing culturally safe holistic primary health care to Aboriginal and Torres Strait Islander people.

Our work and goals are incomplete without thanking the Aboriginal and Torres Strait Islander community we serve across Melbourne, VAHS Members, fellow Aboriginal Community Controlled Organisations, partners, funding bodies and donors for their contributions and continued support toward the advancement of better health for community.

We acknowledge and thank our past and present Board Members, clients and community members who have stood with VAHS since the early beginnings.

In particular a huge thank you to our committed staff.

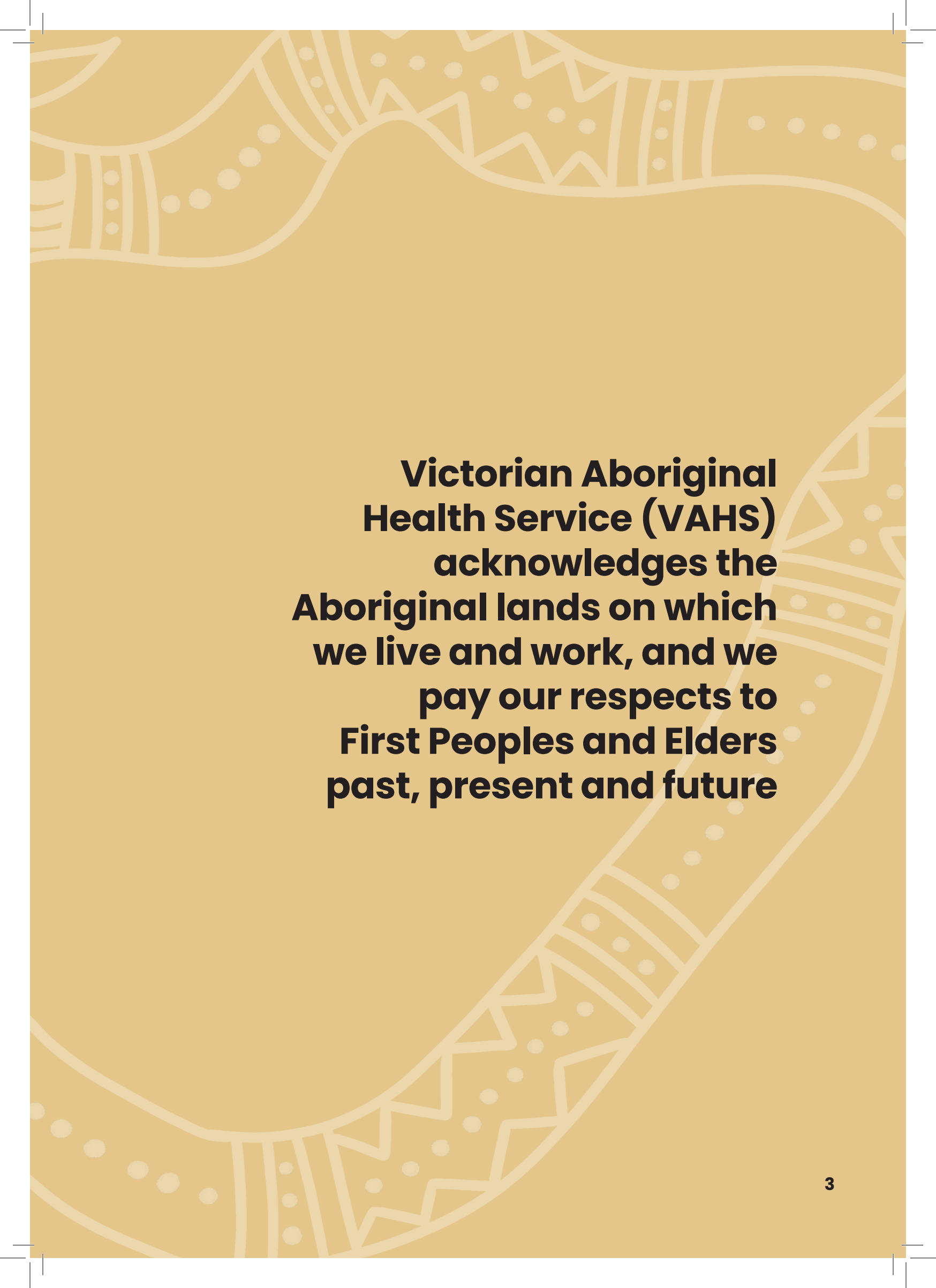
We present this report with great appreciations for all support in 2022/23.

DISCLAIMER

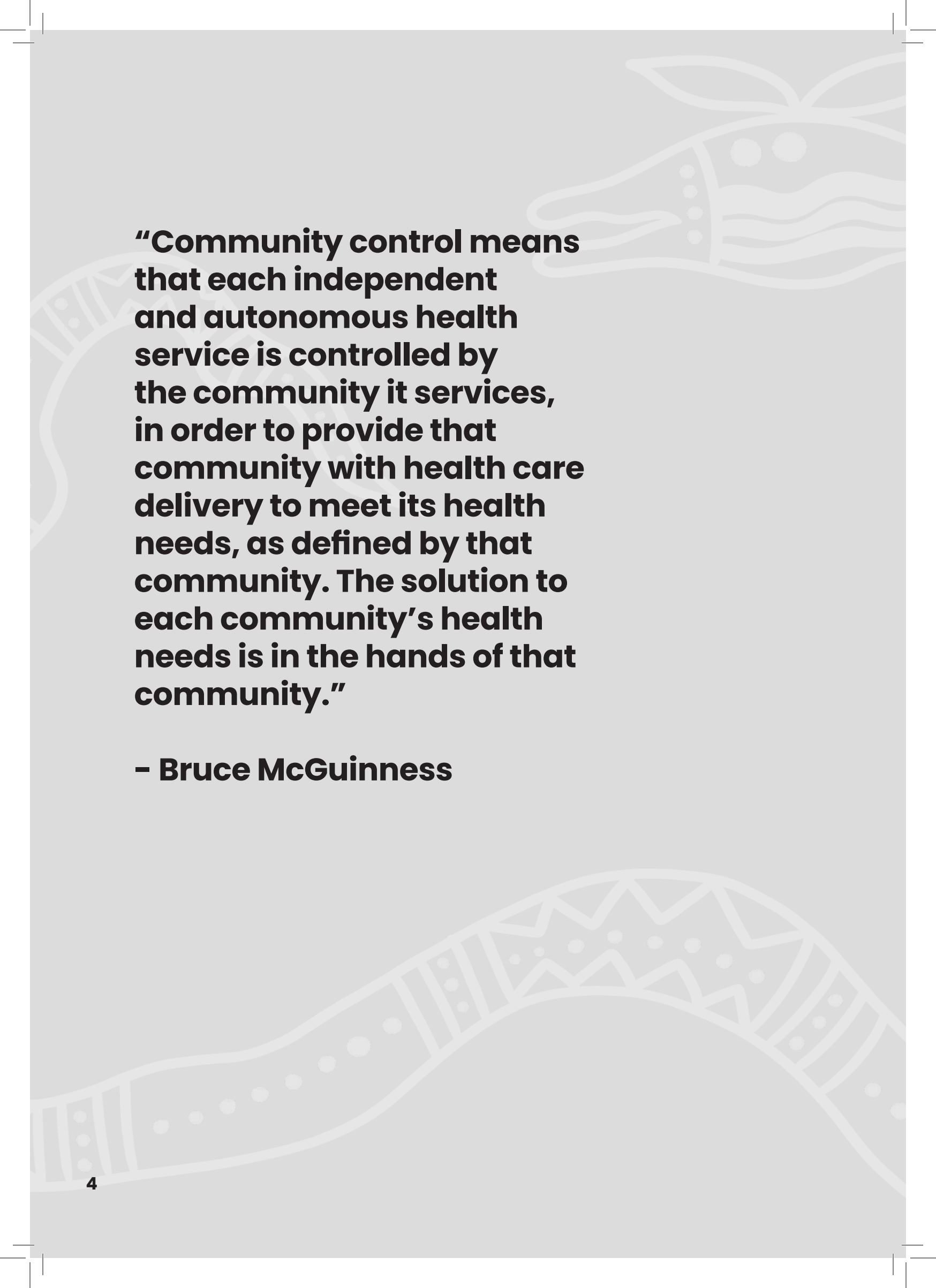
While all care has been taken to ensure that information contained in the report is true and correct at the time of publication, changes in circumstances after the time of printing may impact of the accuracy of its information.

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

VAHS is a child safe organisation.



**Victorian Aboriginal
Health Service (VAHS)
acknowledges the
Aboriginal lands on which
we live and work, and we
pay our respects to
First Peoples and Elders
past, present and future**



“Community control means that each independent and autonomous health service is controlled by the community it services, in order to provide that community with health care delivery to meet its health needs, as defined by that community. The solution to each community’s health needs is in the hands of that community.”

– Bruce McGuinness

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Chairperson Report

Tony McCartney

I acknowledge that we are meeting and working on the lands of the Traditional Custodians, the Wurundjeri people and I pay respects to our Elders, past and present.

As VAHS Board Chairperson, I am pleased to present the VAHS Annual Report for the 2022-23 financial year, a year of our 50th birthday.

It feels somewhat nostalgic as I recall welcoming you to the VAHS 40 Year Anniversary and 2013 AGM, as Chairperson then. I also recall welcoming you to the VAHS 25 Anniversary as CEO, so am fortunate to have played a role during those significant milestones.

Over those years we have seen substantial growth, more so in the last couple of years. But what hasn't changed is the staff commitment and dedication to servicing and keeping our community healthy.

Unfortunately, we have lost many community members over the years, and I pay my respects and condolences to the families who have lost their loved ones.

In reflection on the years and milestones, I wish to highlight the 10th Anniversary opening of VAHS Preston in August 2013 and opening of VAHS St Albans in our 50th year in June 2023.

Each year the VAHS appetite evolves and the Board works to ensure VAHS remains fully operational and healthy, to take on further challenges. As we did during the Covid years, VAHS relied on additional funds to help 'bail us out' and a deficit management strategy, but this year, we relied on the good will of government, placing VAHS in positions

where we were noticed, a financial management strategy and the hard work put in by VAHS staff to make sure that we are able to meet any challenges put before us.


Our VAHS budget this and next year, will mainly centre around staff, retention of staff and wage parity. This will help VAHS sustainability and ensure a healthy and satisfied workforce.

During the financial year we had a break-even budget. And very much like last year, we had a good outcome in terms of our financial situation, however we continue to endeavour to perform at a break-even situation, or better.

And as our footprint widens, VAHS will need to plan and be strategic about meeting the needs of our community. Through what VAHS has demonstrated over the past 50 years, I am confident VAHS will continue to operate as a robust and dynamic entity to continue to support our growing community.

I thank my fellow Board members for their support and professional approaches to tackling issues presented during what was labelled an unprecedented period of time during and after the pandemic, and thereafter.

Finally I thank all VAHS staff and leadership – we are where we are because of you and we couldn't have done it without you.



Tony McCartney
Chairperson, Board of Directors
Victorian Aboriginal Health Service



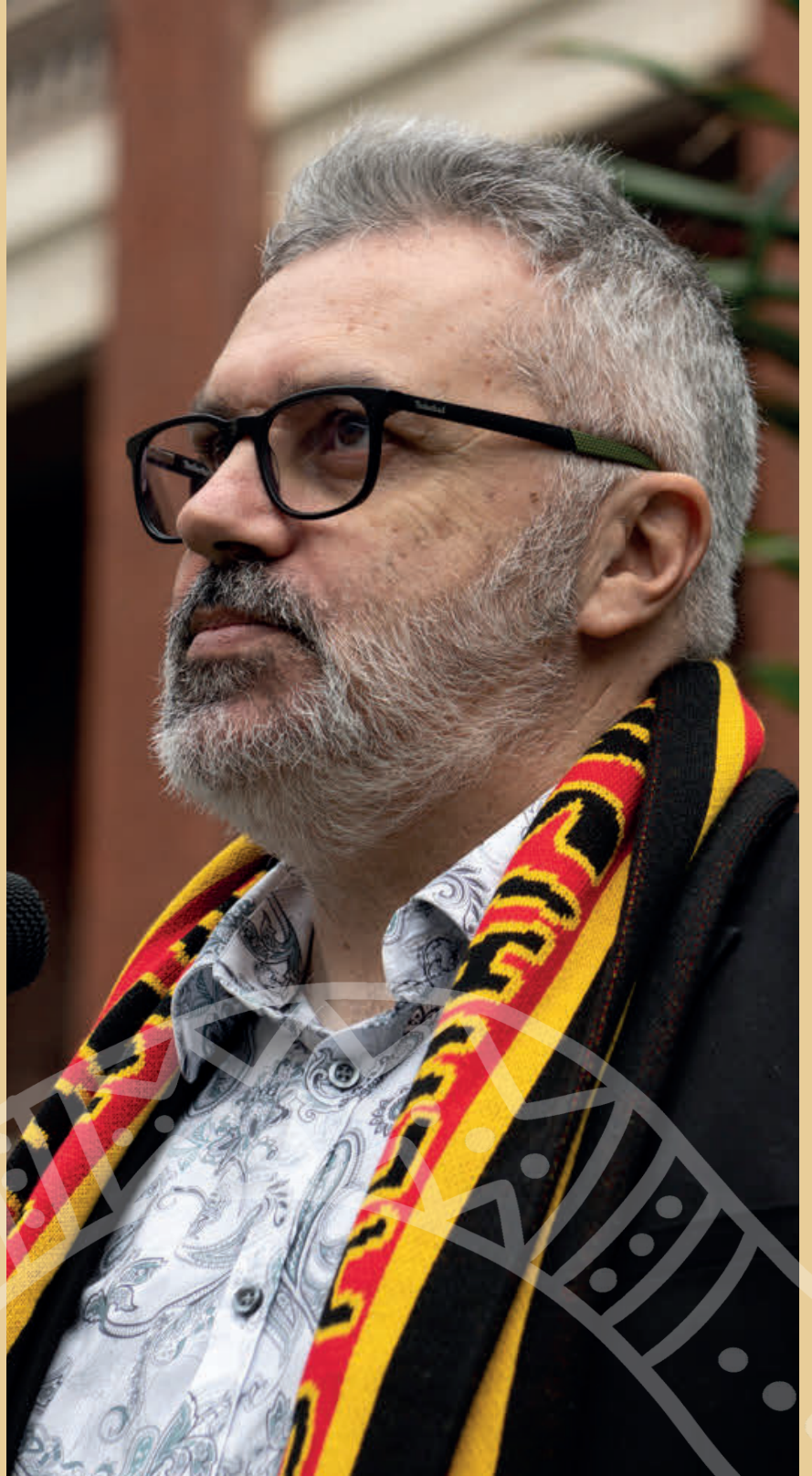
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CEO Report Michael Graham

“Each and everyday the commitment of VAHS staff to community fills me with pride and inspires me to drive to continue to grow and strengthen our capacity and services and to continue this in our 50th year of caring for community is something I do with great honour.”



Each and every day the commitment of VAHS staff to community fills me with pride and inspires me to drive to continue to grow and strengthen our capacity and services and to continue this in our 50th year of caring for community is something I do with great honour.

I pay my respects to the community members and leaders that started the legacy of VAHS back in old Fitzroy on Gertrude Street in 1973 – creating a home away from home which continues today.

This year we started 50th celebrations through a series of events and initiatives including a launch at VAHS Fitzroy and memorial at Charcoal Lane to respect our past, honour our present, to build our future.

It is with excitement that in our 50th year we opened the doors at VAHS St Albans site to service the growing community in Melbourne's west, building on previous efforts as a satellite site during covid.

Opening VAHS St Albans represents a remarkable step forward in providing healthcare services and support to our community, as an excellent addition to our service delivery across existing sites in Fitzroy, Epping and Preston.

We have also seen the recommencement of a range of programs for community members including senior games, women's group, men's group as well the introduction of new initiatives such as Community Gatherings.

In addition to this, we hosted the Family Mixed Netball Carnival in March for the first time since 2019 with 16 teams, 188 players and 400+ attendees involved.

We also welcomed a new and much needed partnership with the Victorian Aboriginal Legal Service (VALS) which provides a free fortnightly drop-in legal advice service at VAHS Preston for community members as a first step in justice health.

In addition to this, we strengthened a number of important partnerships including with St Vincent's Hospital through resigning our MoU and a health partnership with Melbourne Storm to encourage health checks.

I would like to thank Community, the ACCHO sector and the broad range of partner organisations who we have worked with over the past twelve months.

A special thank you to our VAHS staff for your tirelessness efforts and commitment to caring for the community.

It's been a big year of celebrations and growth and I'm excited for things to come as we continue to celebrate 50th years of service in the remainder of 2023.



Michael Graham
Chief Executive Officer
Victorian Aboriginal Health Service

OUR BOARD

VAHS Board are the governing body of the organisation with members elected from Community. They set strategic goals and oversee management to support VAHS operations, and met six times during the year.

Tony McCartney

CHAIR

Tony's heritage originates from the Wotjobaluk tribe in the western part of Victoria on his great grandfather's side and from his great grandmother's side which is the Nari Nari tribe that comes from Lake Mungo, New South Wales. Tony is a father to five sons, four daughters and grandfather to ten grandchildren.

Advocating for his people at local, state, national and international forums, Tony is committed to working to support the Community for better outcomes. He holds a number of governance roles in Aboriginal health, Aboriginal theatre, junior football and early learning.

Leanne Brooke

DEPUTY CHAIR

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

Leanne is passionate about fighting racism and inequality, empowering our young people and ensuring our Community members with a disability have a voice. A strong advocate for Community-control and self-determination, in order for us to be a strong, healthy Community, we need to have control of our own health needs at a local level.

Stacey Brown

TREASURER

Stacey is a proud Yorta Yorta and Dja Dja Wurrung woman. She has been working within the early childhood education sector for over 25 years and has been the CEO of Yappera Children's Service since January 2004. Stacey firmly believes that the Early Years are fundamentally important as they lay the foundations for future health, growth and development.

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).

Ronald Briggs

DIRECTOR

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 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. Ronald's passion is promoting the goodness of fathers in Community and the importance of their relationships with children and family. He is currently employed as a Practitioner at the Magistrates Court.

Kaelun Brown

DIRECTOR

Kaelun grew up in the local community and believes that having representation at a Board level for young people will ensure their voices are heard on how to provide the best care possible that will suit today's social environment. He is also interested in capacity building through career and training opportunities to support and service the growing needs of community.

Kaelun is the Managing Director of Aboriginal owned and operated business Pathway Plumbing Service which employs 15 Aboriginal people. He has also been involved with a number of Aboriginal community controlled organisations in a range of roles including at VAHS as a Men's Case Manager for six years, and maintenance for one year; Treasurer at VACSAL for two years; and currently as a member of the Operational Team at the Fitzroy Starts Football Netball Club.

Helen Kennedy

DIRECTOR

Helen is a proud descendant of the Trawlwoolway and Plairmairrener 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 wellbeing.

As well as practice-based experience in service delivery, having managed the Aboriginal specialist VAHS Family Counselling Services for seven years, which led to a range of innovative new service models and research initiatives.

Marie Mitchell

DIRECTOR

Marie is a proud Yorta Yorta woman. She was born in Melbourne and has lived in rural Victoria and Canberra. Marie returned to Melbourne in 2012 with her daughter to undertake a Bachelor and Masters in Social Work.

Marie has worked in the family, youth and children's sectors for the last ten years and has volunteered on a number of ACCO Boards. Marie is passionate about supporting the Aboriginal Community, in particular working with women and children.

Andrew Morrison

DIRECTOR

Andrew is a proud Gunditjmara man and has over 20 years experience working in the Aboriginal health across government, mainstream and Aboriginal Community Controlled Organisations sectors.

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.

Shelley Williams

DIRECTOR

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

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

Model of Care

VAHS Model of Care provides a comprehensive suite of programs and services across:

- Allied Health
- AOD Support Services
- Adult Mental Health & SEWB
- Aged Care Packages / NDIS
- Child & Adolescent SEWB
- Community Programs
- Early Years & Parenting
- Financial Wellbeing & Counselling
- Health Promotion & Prevention
- Home & Community Care
- Integrated Care Team
- Maternity
- Medical
- Men's Health
- Oral Health
- Pharmacy
- Rehabilitation Support
- Specialist Clinics
- Transport
- Womens & Childrens Health

VAHS is the largest provider of holistic primary health care for Aboriginal and Torres Strait Islander people in Melbourne and across Victoria

Strategic goals

VAHS Programs and Services contributed to achieving these goals during 2022-23

Extend our reach and improve access

Establish new sites and improve service and program access
Expand, enhance, and develop new programs

Build program and service excellence

Culturally informed program and service development and delivery /
Finalise development of VAHS system of care
Strengthen VAHS evidence base
Benchmarking planning and continuous development

Invest in our workforce

Redesign and grow the VAHS workforce
Support the VAHS workforce

Ensure the future of VAHS is supported by first class systems

Improve client information management across VAHS
Develop and enhance back of house systems
Develop and enhance systems and processes to support program and service management

Governance and leadership

Build VAHS Board capacity
Develop VAHS Leadership Model

Sustainability

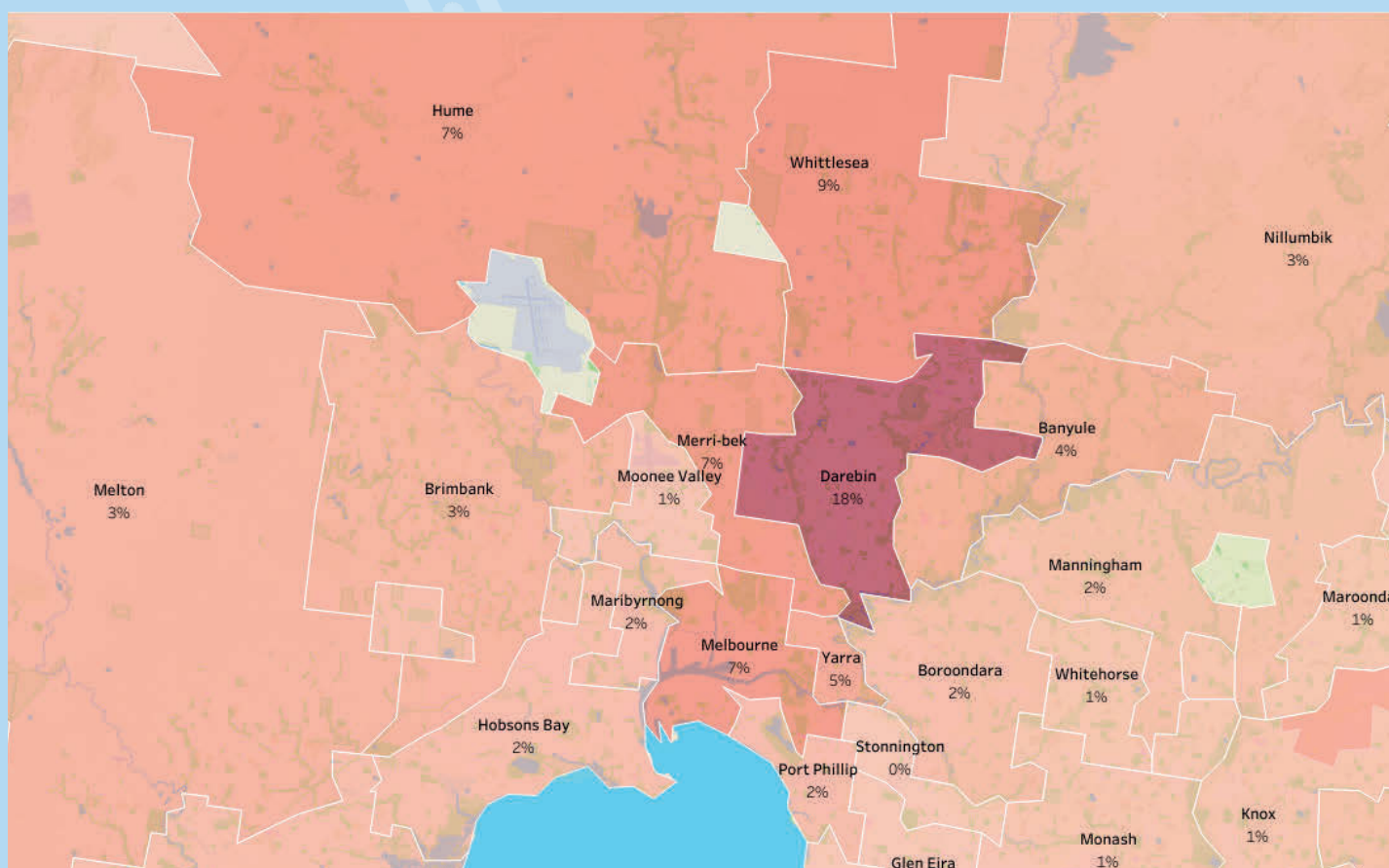
Financial growth
Build a culture of quality and compliance

Strategic partnerships

Integrated, coordinated service and program delivery
Advocate for effective Aboriginal health policy

Service delivery snapshot

Locations clients live based on LGAs across Melbourne



Gender

52.56%
Female

46.99%
Male

0.45%
Non-binary

5178 regular clients

A client who has attended VAHS at least three times in the previous 24 months. On average, increasing 11.3% each year.

79502 client contacts

Any consultational client contact, increasing 10% each year since 2020

5209 clients attended

On average, increasing 13% each year since 2020

8478 duty room walk-in

On average increased 10% when compared to 2021-2022

1058 new clients

Epping 1387 clients 7005 contacts

Proportionally, out of the whole organisation, Epping client numbers increased 15 to 21%

Fitzroy 4404 clients 50103 contacts

The amount of Health Checks Fitzroy delivered increased 76%

Preston 970 clients 11281 contacts

The number of clients Preston delivered services to increased 13%

St Albans 49 clients

In June 2023 only



3119 dental appointments

Increased 68% since 2021-2022

11045 covid vaccines

Since 2020 until 30 June 2023

874 health checks (715)

Increased 70% since 2021-2022

1333 flu vaccines

From 2022-2023

1940 community engagements

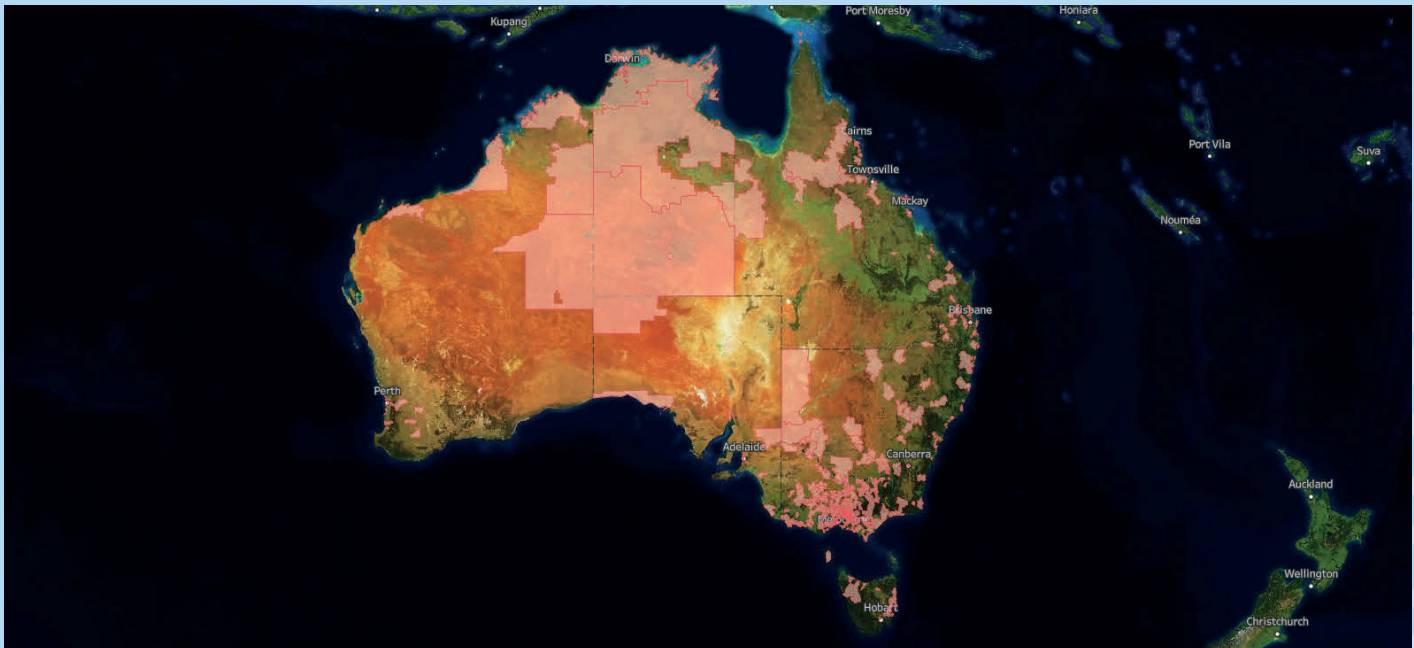
By the Preventative Health Unit at community events

2060 clients

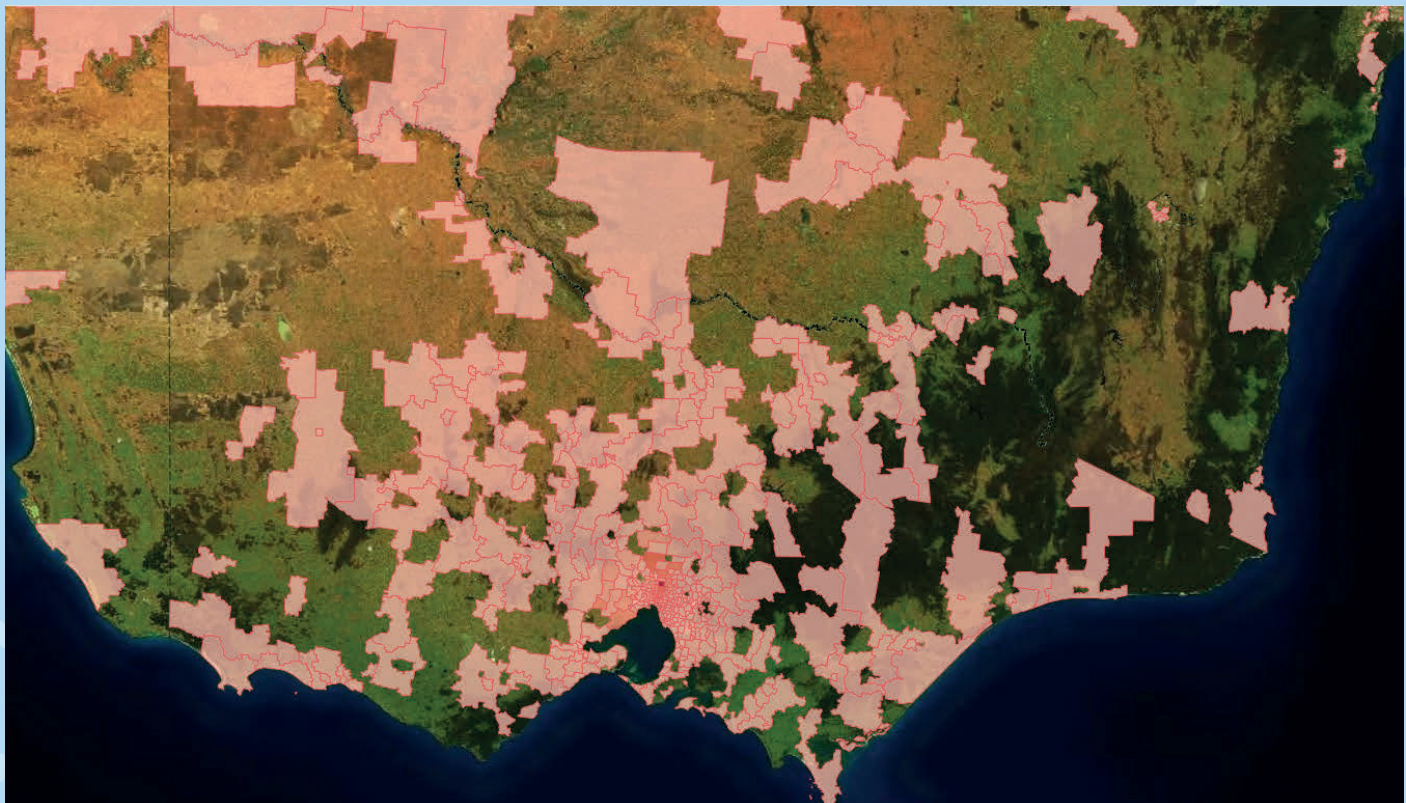
VAHS clients saw Womens & Childrens staff

Community VAHS serve

Locations clients live based on postcode across Australia



Locations clients live based on postcode across Victoria



Celebrating 50 years of caring for community

This year we celebrate 50 years since Victorian Aboriginal Health Service opened in 1973. VAHS opening is not only important in the history of Aboriginal health, but in the history of the Aboriginal rights movement of Melbourne, Victoria and Australia at the time.

Established by community members, VAHS officially opened on 18 August 1973 at 229 Gertrude Street, Fitzroy – making the year 2023 a significant milestone not only in Aboriginal health history, but also in Aboriginal rights history and the importance and need for community-control and self-determination.

50 years of caring for the community and delivering holistic health services is the foundation of Aboriginal community-control.





Since starting from humble beginnings and with volunteers at the small shop front in Fitzroy to a place community members called a home away from home – we have grown into a service with sites across Fitzroy, Preston, Epping and expanding to St Albans in our 50th year.

As the oldest Aboriginal Community Controlled Health Organisation in Victoria, and second oldest in the country, VAHS has been instrumental in self-determined Aboriginal health and wellbeing in Australia since it started.

Dedicated to delivering culturally safe and life-saving health care to ensure thriving, healthy communities, VAHS has been instrumental in leading the development of Aboriginal Community Controlled Health Organisations across the state and nation, as well as the set-up of VACCHO, the peak representative for the health and wellbeing of Aboriginal and Torres Strait Islander people in Victoria.

**50 years of caring for the community
and delivering holistic health services
is the foundation of Aboriginal
community-control**

Over the years we have achieved many supports and firsts in Australia – including establishing the first Aboriginal dental clinic that travelled around Victoria and to border towns, first Aboriginal womens and childrens program and the country's leading Aboriginal health worker education program, Koori Kollij.

The work of VAHS is a testament to Aboriginal Victoria as a whole and the progressive nature of the organisation's commitment to providing high quality care for all Victorians.

This year VAHS continues to actively grow its support and services through launching new and strengthening existing partnerships that demonstrate the dynamic range, reach and expansion of the important work the organisation does for community.





Not only have we opened the doors at VAHS St Albans – in our 50th year we have also launched a justice health partnership with the Victorian Aboriginal Legal Service, signed an updated Memorandum of Understanding with, St Vincent’s Hospital, and launched a partnership with Melbourne Storm.

Since establishing in 1973, VAHS has been embedded and connected to support Aboriginal and Torres Strait Islander community for five decades – and we’re honoured to come together to celebrate 50 years of caring for community to support the growth of the organisation for generations to come.

Strengthening partnerships to support community

Renewing partnership with Melbourne Storm

In March 2023, VAHS renewed its partnership with Melbourne Storm through the Deadly Choices campaign. This partnership will see VAHS and Storm work together in promoting healthy lifestyle choices for Victoria's Aboriginal and Torres Strait Islander communities.

To kick off the renewal of the partnership, new Storm Deadly Choices shirts were unveiled at VAHS Fitzroy with Storm players Reimis Smith and Jordan Grant, development player AJ Gudgeon and Storm Academy members Matt Hill and Stanley Huen, as well as fullback Nick Meaney.

The health check shirts are designed to be used as an incentive to encourage community members to book in for a health check at their local VAHS health service.

VAHS has been working with Deadly Choices through the preventative health initiative which aims to empower Aboriginal and Torres Strait Islander peoples to make healthy choices for themselves and their families – to stop smoking, eat nutritious food and exercise daily.





Resigning MoU with St Vincent's Hospital

On 1 June 2023, VAHS signed an updated Memorandum of Understanding with St Vincent's Hospital Melbourne (SVHM). This aims to build on our existing partnership to improve the quality of care and experiences of Aboriginal and Torres Strait Islander people accessing health services from both SVHM and VAHS.

While the MoU was formed in 2011, the connection between both services dates back further than this, where VAHS has been working alongside SVHM for decades.

Outlining our shared commitment to improving the experiences of community members, the MoU signifies the strengthening of this long-standing partnership. This relationship has seen the establishment of various initiatives to ensure culturally safe care for community members.

The Mental Health Adult Inpatient Services Koori Unit was established in 1994 and is located in the St Vincent's Mental Health Adult Inpatient Service. The integrated Koori Unit supports a state-wide, five bed inpatient service that liaises with VAHS.

Opening VAHS St Albans to service the west

During the year a newly established satellite clinic finally became operational towards the end of the 22/23 year. Doors opened to community three days of the week.

It was quickly evident that clients attending the clinic, were either new patients, or had not been to a VAHS clinic in over five years. Expansion of accessibility of primary health care was evident during the opening of the new western metro satellite clinic.

Culturally informed and appropriate service delivery in the St Albans clinic is at the forefront of our staff approach to anything, no matter how big or small. The clinic provides service delivery to community who reside in the western metro.

Working with other VAHS clinics

The VAHS St Albans clinic is working closely with both Fitzroy and Epping to ensure that our systems in place are consistent across sites but to also learn and grow from one another on what works and what doesn't work.





Funding

We are continuously looking for sources of funding to extend the life of our St Albans clinic to ensure service delivery can continue to supporting west metro community members.

Strengthening partnerships

St Albans clinic have grown our partnership with organisations, Aboriginal focused and mainstream, with different focuses of health. These include services such as, Dental care, allied health, specialists and mental health support.

VAHS St Albans Team

VAHS St Albans team is made up of twelve staff members. 3.2 VAHS St Albans staff have been supported in undergoing and participating in trainings that will improve the clinic's quality of care. These trainings have included ATSI Mental Health First Aid, Triage, Medication Assisted Treatment for Opioid Dependence.



VAHS Fitzroy Services

- GP booked appointments.
- Walk in GP clinic.
- Respiratory testing clinic for COVID-19
- Vaccination clinic
- Covid care supports during and after-hours including weekends.
- Home visits to Elders
- Weekly visits to Aboriginal Community Elders Services (ACES)
- Visiting specialists as follows:
- Cardiology
- Respiratory, Sleep and Perioperative
- Geriatrics
- Dermatology
- General Surgeon
- Ophthalmology,
- Optometry
- Pharmacotherapy
- Specialist services were provided for diabetes and sexual health and blood born virus's patients by in house trained staff.

VAHS Fitzroy

Our Fitzroy clinic continued to operate and service community on a day-to-day basis.

Many consults continued to be phone consults during this period but patients without covid symptoms were encouraged to be seen on site.

Outreach vaccination clinics were provided to community when there was sufficient staff to manage this. Managers from medical supported staff in the development of the practice at St Albans.

Our Medical Director Jenny Hunt worked with GPs and the Womens and Childrens Unit to source a local gynaecologist to see our patients and bulk bill services.

Workforce

All new programs at VAHS Fitzroy were developed working with senior Aboriginal staff and Aboriginal Health Workers

Staff employed at medical are encouraged to participate in professional development including training around immunisations and infection control.

Doctor and nurse numbers increased and we continued to advertise for Aboriginal Health Workers and or practitioners.

Sustainability

Medicare billings increased slightly during this period but the respiratory clinic services was a Commonwealth government funded service which enabled an increase in the unit's overall income.

Partnerships

VAHS Fitzroy Medical Unit continued work with, and advocate for, patients attending local hospitals such as St Vincent's, the Austin and the Royal Melbourne, and increased work with the Royal Victorian Eye and Ear Hospital

Systems

To support VAHS Fitzroy operations, there was continual development of MMEx which was managed by the VAHS Health Informatics Team in liaison with the medical director and senior medical officer.

VAHS Epping

During the year our VAHS Epping site continued to service community members across the northern Melbourne suburbs.

Proportionally, when compared to the rest of the organisation, Epping client numbers increased 15% to 21% by servicing 1387 clients through 7005 contacts.

Five years of operation

Since opening in 2018, this year VAHS Epping consolidated five years of operation.

During the past year we had increased availability of Allied Health outreach services for community including:

- Diabetes Educator
- Dietitian
- Maternal Child Health Nurse
- Paediatrician

We also worked to ensure easier access to VAHS Programs including:

- Balit Djerring
- Womens and Childrens

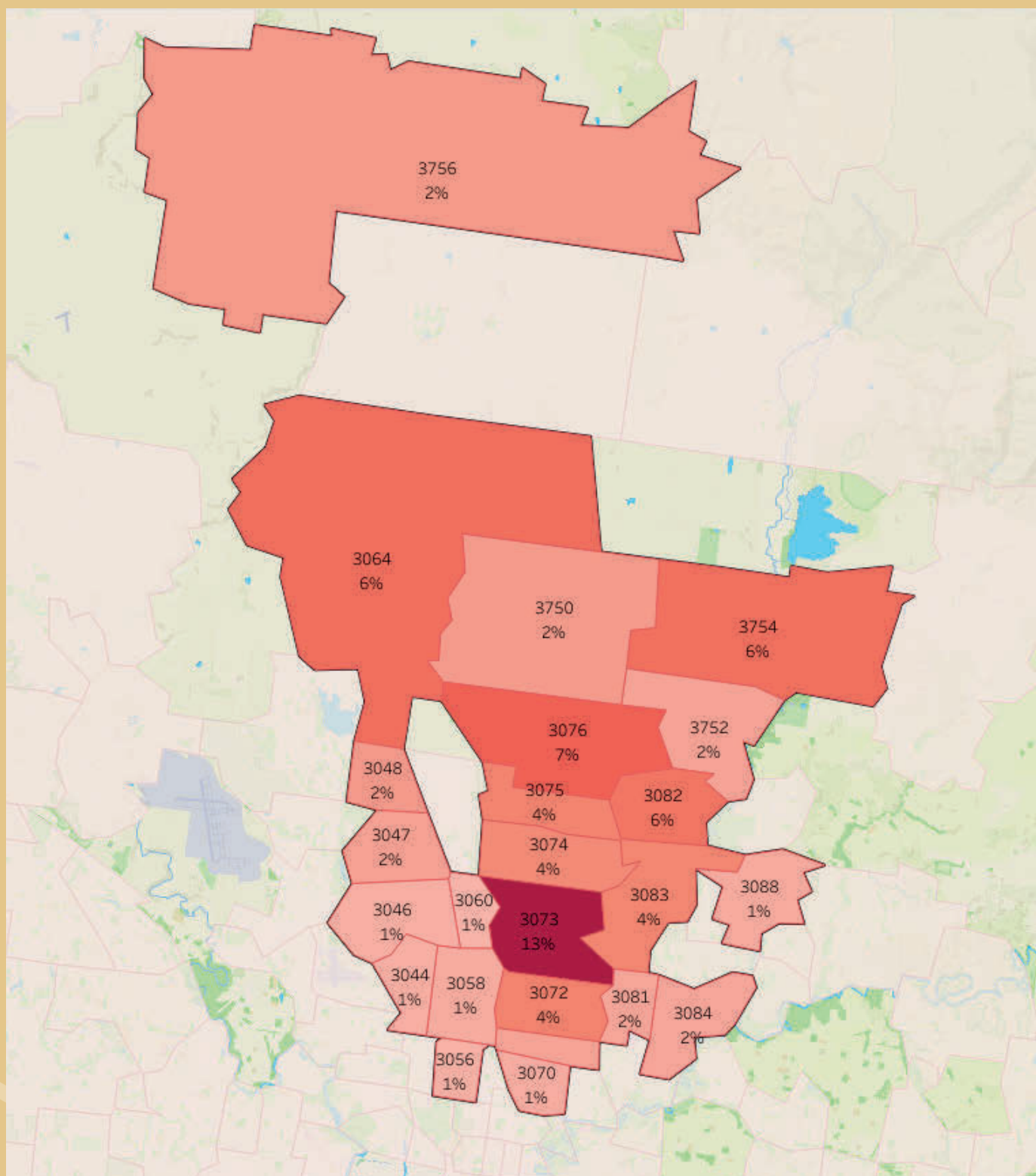
Strategic partnerships

During the year we signed a Memorandum of Understanding (MoU) with Northern Health.

We also continued our strategic partnerships with:

- City of Whittlesea
- Mitchell Shire Council
- DPV Health
- Northern Hospital.

VAHS Epping regular clients across the northern corridor based on postcode





VAHS Preston

During the year our VAHS Preston site had reopened with refurbished clinic rooms and offices for staff since closing at the start of the pandemic in 2020.

The reopening of VAHS Preston provided Family Counselling Services and other VAHS services and programs the ability to work back in person.

Senior Games

The VAHS Senior Games program which provided community members aged 50+ the opportunity to come together and participate in social and healthy activities recommenced at VAHS Preston. This occurs a fortnightly basis.

Women's Group

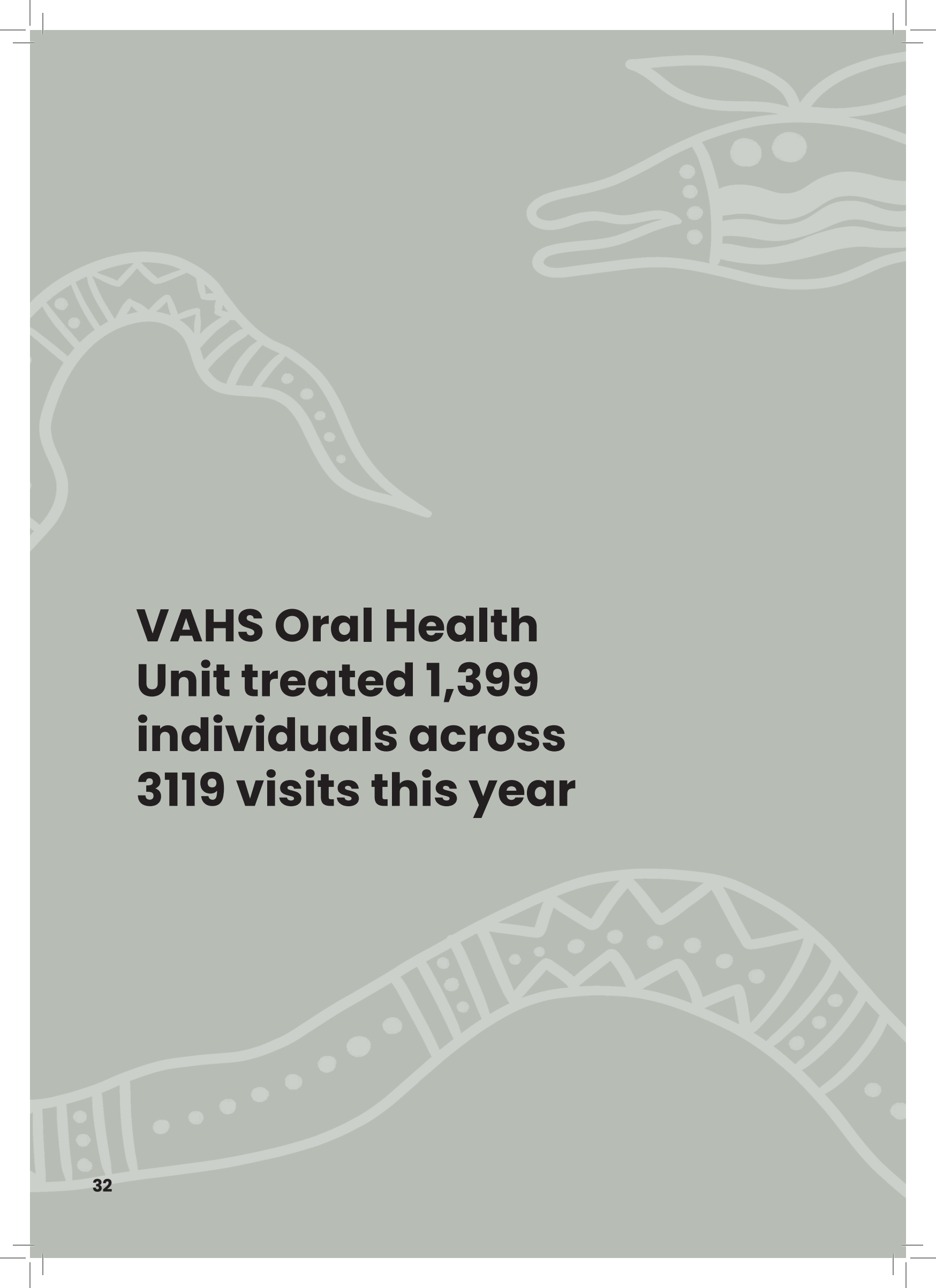
Family Counselling Services recommenced the Women's Group program at VAHS Preston from March 2023.

This program provides Aboriginal and Torres Strait Islander women the opportunity to come together, have a yarn and connect in a safe, supportive and empowering space. This informal group provides a range of art and cultural activities and lunch on a weekly basis.

This space has also invited outside services, to come along and provide additional support including NDIS, Sherrif Aboriginal Liaison, VACCA, Darebin Diversity group, VALS, Ngwala, as well as our internal services within VAHS, Stolen Gen, and Women's and Childrens.

Stronger Together - VAHS and VALS

Launching in June 2023, the VALS and VAHS Stronger together legal service began operating from VAHS Preston on a fortnightly basis.



**VAHS Oral Health
Unit treated 1,399
individuals across
3119 visits this year**

Oral health

VAHS Oral Health Unit provides emergency, general dental and denture care to the community. Over the past 12 months, the Oral Health Unit treated 1,399 individuals during year across 3,119 visits.

As part of its work to expand, enhance and develop new programs, Oral Health introduced the Smile Squad to the clinic to support Medicare-billed treatment for school aged children.

It also introduced a clinical supervision program to support clinicians which will help provide a supportive environment for clinicians and increase staff retention.

As well as introducing an internal audit program to ensure we are delivering high-quality treatment in a safe and effective manner. This covers all aspects including infection control, hand hygiene, record keeping and accreditation standards.

Ongoing efforts are made to refine the model of care to align with the Victorian Model of Public Dental Care to ensure we are sustainable under the new funding arrangements.

THANK YOU
BOOKRAIS &
SMOKE
Don't MiX!
NOT SMOKING

f i d

the Australian Government through the National Tackling Indigenous Smoking (NTIS) Program

Charles Williams

Gunditjmara, Yorta Yorta, Gunnai, Wiradjuri

“

I DON'T WANT

MY KIDS

TO THINK

IT'S NORMAL

TO SEE

ME SMOKING!

I WILL CHANGE

MY STORY!

”

Preventative health

The Preventative Health Unit aims to deliver programs with preventative measures with an integration approach linking back into primary health care settings.

The primary focus is implementing and delivering community engagement strategies to increase primary health care engagements with community in Melbourne. At this stage, a majority of projects are Anti-tobacco/vaping focused.

The Preventative Health Unit is supported by funding by the National Tackling Indigenous Smoking Program (TIS) to deliver community health promotion initiatives to address and prevent tobacco/vaping use under Boorais and Smoke Don't Mix Campaign

Street Poster Campaign

The Boorais and Smoke Don't Mix campaign developed a Street Poster Campaign from September to November 2022. The campaign included community ambassadors quotes distributed through 480 posters (80 per week over the six-week period).

Four community ambassadors were featured including two from the perspective of a pregnant woman and an Aboriginal mother / grandmother targeting pregnant women and new mothers.

Posters were distributed across areas of Melbourne most populated with Aboriginal community according to the latest ABS census data.

2023 Family Mixed Netball Carnival

The Boorais and Smoke Don't Mix Campaign held its Family Mixed Netball Carnival in March 2023 at the Darebin Sports Stadium. This was our first community event after COVID lockdowns in Melbourne.

The event brings together families in a friendly competition of Mixed Netball, with up to 12 members per team.

The event promoted the Boorais and Smoke Don't Mix campaign and increase community engagement with the Tackling Indigenous Smoking program. During the event 102 video tutorials were completed.

All team uniforms had Boorais and Smoke Don't Mix branding.

"Love this event – love that families come together to play netball. Can't wait for the next one" – Eva

"This is my 3rd time participating in this event, it keeps getting better each time" – Shara

"Very well organised, love the merch, love the atmosphere" – Melissa

**16 teams
188 players
400+ attendees**

Participated in the Family Mixed Netball Carnival



Womens and Childrens

The Womens and Childrens Unit provides a range of services for community. Services are offered in conjunction with Aboriginal Health Workers.

During the year we had growth and successes across our Womens and Childrens Unit services including Balert Gerrbik, Connected Beginnings, Paediatrician Outreach Service, Koori Maternity Services, Maternal Child Health and Speech Therapy.

We also received two year funding to deliver Autism Assessments.

Autism Assessments

VAHS received two-year funding to provide a multidisciplinary autism assessment service. Part of this work will see the Womens and Childrens Unit engage with other agencies to support assessments. This is new funding will help VAHS deliver this work through pathways and appropriate services

Balert Gerrbik

During the year Balert Gerrbik workers became credited Positive Parenting trainers for the Triple P. This program has also introduced parenting groups and playgroups one day a week at the Preston site.

Balert Gerrbik assists Parents to enhance their parenting skills through evidence based programs such as Triple P, Mother Goose and Lets Reads.

This program also helps provide children with improved learning, development and wellbeing.

Connected Beginnings

Connect Beginnings funding was received in January. This program is designed to engage families in other agencies such as three and four year old kinder.

Koori Maternity Services

This year VAHS had two Koori Maternity Services (KMS) midwives sharing a three-day position. KMS provides flexible, holistic, and culturally safe pregnancy and postnatal care for Aboriginal families.

We work in partnership with hospitals in Melbourne with a shared care model throughout pregnancy, including home and clinic visits in the postnatal period.

We also provide breastfeeding support, hypnobirthing classes, pregnancy choices clinic and Well Women's Checks.

Paediatrician Outreach Service

During the year our Paediatrician Outreach Service occurred one day per fortnight at the Epping site. This service works to diagnose, treat, and provide medical care for babies, children and teenagers. They treat illnesses and assess physical, mental, and behavioural development of children.

Maternal Child Health

Our Maternal Child Health (MCH) clinic provides key ages and stages check, these are developmental checks from the age of 0 to 3 ½ years.

During the year the program has been providing outreach services to Yappera Children's Service and the VAHS Epping site. This allows clients living in the northern suburbs easier access and has had great attendance at both.

Speech Therapy

Speech Therapy recommenced during the year. VAHS and the Speech Therapist worked with the Melbourne University's Speech Unit students to help with assessments.

Our Speech Pathologists help babies, children and adolescents to communicate and connect with others in community. They work to address difficulties with understanding words and sentences, using words or sentences in conversation, stuttering, speaking clearly, and reading and writing.

The speech pathologists provides assessments, one to one or in groups, and provides advice on other relevant services.

Hosting the Beautiful Shawl with VACCHO + BreastScreen Victoria

From 15 May to 19 June, VAHS Womens and Childrens Unit worked with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and BreastScreen Victoria in hosting the Beautiful Shawl breast screen van.

The van visited three sites including Epping, Fitzroy and Thornbury with St Albans planned for the following year. Across the visits, 117 breast screens were completed.

The Beautiful Shawl Project is a collaborative, Community-led initiative providing safe and empowering breast screening experiences for Aboriginal and Torres Strait Islander women with a culturally safe alternative to traditional screening.

In 2018, a partnership was formed between BreastScreen Victoria, the Victorian Aboriginal Health Service (VAHS) and VACCHO to trial a cultural screening shawl with Aboriginal and Torres Strait Islander women.

Beautiful Shawl featuring Aunty Lyn Briggs' artwork

Each person screened received a shawl featuring artwork from Aunty Lyn Briggs.

"The artwork represents the birthing tree, planting your feet on mother earth and drawing from all of the energies and thinking about the concept of life for each individual woman – especially around their health and wellbeing, their spiritual energies." – Aunty Lyn Briggs

Special thanks

In support of this work, the unit received donations from a number of artists, members of the community and businesses including Aunty Lynette Briggs, Blak Queens, Blackfire, The Body Shop Plenty Valley, Bridget Sampson, Clothing The Gaps, Coffee Club Plenty Valley, Gammin Threads, Ingot Make Up Epping, Hairhouse Warehouse Plenty Valley, KINYA LERRK, K&K Fitzroy, Pizza Hut, Tankerville, Ultra Tune Fitzroy, Vasette, Waulu McCartney, Coombs Creations.



**Across the four visits
117 breast screens were
completed through the
Beautiful Shawl**

Community Programs

VAHS Community Programs Unit provides a range of services and programs to community across through Allied Health, Elders, the National Disability Insurance Scheme and Integrated Team Care to supports clients with chronic health conditions.

Allied Health Services

This includes podiatry, physiotherapy, occupational therapy, dietetics, and community outreach nursing. It is funded to deliver these services to:

- People over 50 years of age under the Commonwealth Home Support Program.
- People 49 years of age and under who have a disability or a chronic health condition, under the Home and Community Care Program for Younger People.

Allied Health Services are also offered to people with NDIS and Home Care Packages and are charged to their packages.

Community Programs continues to invoice Home Care Packages and NDIS Plans for Allied Health Services it delivers. We have strong partnerships and service agreements with more than 20 Home Care Package providers and this continues to expand.

Deadly Elders Circus

Circus Nexus provides a circus trainer to work alongside our physiotherapist to deliver activities for falls prevention and improving balance. Deadly Elders Circus meets every Thursday.

Elder Care Support

Community Programs will be developing a new program called Elder Care Support. We have been granted two positions to assist people over aged 50 to access aged care services through My Aged Care.

Integrated Team Care Program (ITC)

Funded by the North, West and East Primary Health Networks, this program provides an outreach service to assist clients to manage their chronic health conditions. The program also offers a range of activities to support clients with their spiritual and emotional wellbeing.

The ITC program continues to deliver an excellent service to support people with chronic conditions. It is the largest ITC service in the north west region and it has developed a good reputation.

We continue to have a strong partnership with the Australian Catholic University and provide cultural mentoring to prepare their Occupational Therapy students to work with Aboriginal and Torres Strait Islander clients.

NDIS Access Service

As an NDIS provider, during the year we have expanded our services and commenced preparations for an NDIS Audit.

Our Aboriginal Disability Liaison Officer assists people with a disability to access NDIS packages. Information on eligibility is provided, as well as guidance and support to GPs and other health professionals with NDIS applications.

We will be expanding our NDIS Access Program with an additional NDIS Disability Liaison Officer to focus on supporting families to apply for NDIS packages for their children.

As part of the NDIS standards aimed at delivering quality and safe services, all staff in the Unit have undergone NDIS screening checks and have completed mandatory NDIS training modules.

Balit Djerring

Balit Djerring provides Social and Emotional Wellbeing (SEWB) Outreach to the community's most vulnerable people. We service those who have significantly complex mental health and SEWB presentations that require intensive support.

We aim to reduce the need for inpatient admissions across the North Western Melbourne Primary Health Network (NWMPHN) areas, while providing support and care to those having an inpatient admission or period of incarceration to ensure discharge planning is self-determined and sustainable.

We use a strengths based and goals approach to ensure we are meeting the needs of community members.

During the year, the Balit Djerring team grew to provide the best support and care to the community and to ensure a holistic SEWB care team. This has helped increase servicing from 6 to 15 council areas across the NWMPHN.

Community Gatherings

In June 2023, Balit Djerring began a community gatherings group at Charcoal Lane. This provides a connection point for community to come and have a yarn, feed, access to food and clothes, fire pit, art and crafts and an access point for service delivery.

We have received approximately six referrals from this space and have had many services come as an engagement point for community members.

Intake approach

Balit Djerring has now adopted a new intake approach that also includes physical and mental health assessment, and are providing the basis of a health check to all clients with follow up by a GP to complete the process.

We also have Balit Djerring staff working with Fitzroy and Preston sites to ensure easier access to medical services.

Partnerships

During the year Balit Djerring grew partnerships with hospitals from existing connections with St. Vincent's Hospital, Austin Health and the Northern Hospital, to also include the Royal Melbourne Hospital, Sunshine Hospital and Orygen.

Partnerships with community services have grown to include YSAS, Headspace, Western Health, Elizabeth Morgan House and Ngwala to ensure community are supported and to decrease barriers to services.

Financial Wellbeing

VAHS Financial Wellbeing Program aims to increase the capacity of VAHS services staff, community members and families, to address personal financial issues and gambling-related harms through a range of services and programs.

Throughout the year, Financial Wellbeing supported 245 individual clients across a range of activities.

Areas of Financial Wellbeing include:

- Counselling services to assist clients with gambling issues related to family conflict, work stress, mental health and alcohol or other drugs (AOD) related problems and trauma.
- Financial counselling assists clients experiencing financial difficulties to help alleviate financial stress and strengthen financial skills and knowledge.
- Capacity building of staff and the broader community to address and combat the adverse effects of gambling harm and promote healthy lifestyle choices.
- Gambling awareness and health promotion activities to raise awareness in the community.

Working collaboratively with other VAHS services and programs, and located at Preston and Fitzroy sites, the Financial Wellbeing service has developed referral pathways and case management services with Epping and St Albans sites.

Financial Counselling workshops and forums

The Financial Wellbeing team delivered workshops and forums to other Aboriginal Organisations with 152 participants in total.

These were delivered to the Victorian Aboriginal Child Care Agency (VACCA), VAHS Women's Group – Community Members, VAHS Men's Group – Community Members, local Aboriginal Community Netball & Football clubs and Regional Aboriginal Community Controlled Health Organisations (ACCHOs).

Research project with La Trobe University

Victorian Responsible Gambling Foundation funded VAHS Financial Wellbeing to partner with Latrobe University Research Department to better understand experiences of community members around the impacts of gambling harm on individuals and families.

Alcohol and Other Drugs (AOD)

VAHS Alcohol and Other Drugs (AOD) team aims to increase the capacity of VAHS services staff and community members to address AOD issues by offering a range of services and programs to improve skills and awareness of AOD impacts

VAHS Alcohol and Other Drugs (AOD) Service offers culturally appropriate support to Aboriginal and Torres Strait Islander people and their families, to help clients make changes to their AOD use and improve wellbeing.

We assist clients in reducing the harm associated with AOD use (such as impacts on relationships, health, finances and self esteem), reduce AOD use or assist becoming abstinent from substances.

A range of available supports consists of help to:

- Recognise the thoughts, feelings and behaviours that lead to substance use and develop new habits.
- Understand triggers and find coping skills to manage cravings
- Access to detox and rehab
- See a doctor to discuss prescribed medications to help reduce or stay off alcohol and drugs.
- Advocate with police, court and child protection
- Links to other supports such as mental health workers, doctors, housing and emergency housing.

Collaboration to broaden support to community

VAHS AOD team worked with other VAHS services and programs including Women's and Men's Groups and a number of external organisations including:

- Carrum place, and external detox
- Corrections – all sites
- Djirra
- Elizabeth Morgan House
- Hospitals: St Vincents, Northern and the Austin
- Ngwala Willumbong
- Odyssey House
- Victorian Aboriginal Child Care Agency (VACCA)



Developing AOD Service offering

VAHS AOD team plan to develop prevention and transition programs, and a Dayhab option, to assist with AOD treatment options.

Prevention programs

Prevention program initiatives focus on preventing substance abuse before it starts. They often target schools, communities and workplaces to educate people about the risks of alcohol and drug use and promote healthier alternatives.

Treatment and rehabilitation programs

AOD treatment and rehabilitation programs aim to provide individuals struggling with substance use disorders with access to effective and evidence-based treatment and include:

- In-patient and out-patient programs
- Detoxification services
- Counselling
- Medication-assisted treatment

Support services

VAHS AOD team provide support to individuals in recovery, their families and affected communities and include:

- Peer support groups
- AA and N/A options
- Counselling
- Access to housing, employment and legal assistance

Harm reduction strategies

Harm reduction strategies aim to reduce the negative consequences of substance use without necessarily requiring abstinence and include:

- Needle exchange programs
- Supervised injection facilities
- Distribution of naloxone to prevent opioid overdoses.

People and Culture

VAHS People and Culture Unit are responsible for providing strategic and operational human resources advice, support, processes and systems to the organisation to meet its strategic goals in serving the community.

Employee Assistance Program (EAP)

VAHS Employee Assistance Program (EAP) was supported by the People and Culture Unit to ensure that staff had access to counselling support given the additional stress being experienced by staff.

Staff program alignment

During the year staff program alignment continued to be a priority with advice and support from People and Culture on the human resources aspects of its implementation.

Staff working within People and Culture continued their role in providing key critical advice to the VAHS Operations Manager and members of the VAHS Senior Management Team.

This would help ensure that any proposed changes occurring to the staffing and operational aspects as part of the re-alignment process were compliant with the relevant Awards paid to staff working within the VAHS.

ConnX Human Resources Software Program

People and Culture staff participated in a working group established to evaluate and select a human resources software program to be used by VAHS to store staff information.

After a comprehensive process, it was agreed that ConnX would be purchased for use by VAHS.

People and Culture Key Objectives

People and Culture focus on creating a supportive workplace culture where employees are engaged and developed in-line with VAHS policies and procedures to meet the needs of our community.

Key objectives include:

Ensuring the People and Culture strategy is aligned with the VAHS Strategic Plan. This includes staff engagement and workplace culture initiatives to each VAHS Strategic Goal.

Ensuring that VAHS Human Resources functions are current, up to date and represent best practice in delivering culturally responsive services to community members who access VAHS services, programs and activities.

Providing support to senior managers in Human Resources practices to enable and support program alignment.

Ensuring staff are aware of VAHS Human Resources policies and processes and that all associated documents are accessible to staff.

Providing leadership, advice, support and timely responses to all-staff in relation to policies and procedures that impact on their day-to-day Human Resources workplace related issues.

Working with staff in operational areas within VAHS to ensure there is awareness and an understanding about all relevant changes that occur in relation to Awards and Work Contracts from an individual and whole-of-organisation perspective.

Working with managers to ensure current and new staff have access to professional development and training activities to stay up-to-date with current and new accreditation requirements associated with their qualifications and work.

Providing advice to the VAHS senior management and Board about relevant matters associated with Human Resources.

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

FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2023

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

DIRECTORS' REPORT

Your directors present their report on the Victorian Aboriginal Health Service Co-operative Limited (VAHS) for the financial year ended 30 June 2023.

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

The total operating surplus for 2022-2023 is \$79,338 (2021-2022 \$2,302,884)
Revenue increased by 4.88% equivalent to \$1,272,578 during the year.
Expenditure increased by 14.72% equivalent to \$3,496,094 for the same period.

VAHS experienced rapid growth in the organisation post pandemic. The completion of the Preston upgrades marks a successful milestone, enabling our staff to resume face-to-face consultations and support, strengthening the relationships with our clients and their families.

Furthermore, we are thrilled to announce St Alban's clinic is now open and is expected to make a profound impact on the growing Aboriginal community in the western suburbs. This expansion will enhance our ability to deliver essential health care services to a community in high need.

As we look ahead this financial year, there are some significant opportunities on the horizon, pending successful funding acquisition.

We are pleased to share that VAHS has successfully secured funding across various areas to support the health and wellbeing needs of the community. Some of our programs are even extending to support statewide reaching a much broader audience.

Comparing the progress made in recent years, it is evident that VAHS has experienced remarkable growth, and the services we provide the community have flourished. We take immense pride in these achievements, and it motivates us to continue to strive for excellence in serving communities health needs.
Together we look forward to building an even brighter, healthier future for all.

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

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

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

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

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

The 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.

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

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 | 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. |
| Elected office bearer 30 June 2022 | <p>A father to five sons, four daughters and grandfather to ten grandchildren.</p> <p>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.</p> <p>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.</p> <p>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.</p> |
| Stacey Brown Treasurer | A proud Yorta Yorta and Dja Dja Wurrung woman, Stacey has been working within the Early Childhood Education sector for over 25 years and had been the CEO of Yappera Children's Service since January 2004. |
| Elected office bearer 30 June 2022 | <p>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).</p> <p>Stacey firmly believes that the Early Years are fundamentally important as they lay the foundations for future health, growth and development.</p> |
| Ronald Briggs Director | 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. |
| | <p>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.</p> <p>Ronald's passion is promoting the goodness of fathers in Community and the importance of their relationship with children and family.</p> |

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

DIRECTORS' REPORT (continued)

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.

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.

Helen Kennedy
Director

Helen is a proud descendant of the Trawlwoolway and Plairmairrener 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 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.

Marie Mitchell
Director

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

Marie has worked in the family, youth and children's sectors for the last 10 years and has volunteered on a number of ACCO Boards. Marie is passionate about supporting the Aboriginal Community in particular working with women and children.

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

DIRECTORS' REPORT (continued)

Kaelun Brown
Director

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.

Attendances were:

Director

Tony McCartney

Stacey Brown

Ronald Briggs

Shelley Williams

Andrew Morrison

Kaelun Brown

Helen Kennedy

Marie Mitchell

| Directors' meetings | |
|---------------------------|-----------------------------|
| Number eligible to attend | Number of meetings attended |
| 7 | 7 |
| 7 | 6 |
| 2 | 2 |
| 7 | 4 |
| 3 | 3 |
| 4 | 3 |
| 7 | 4 |
| 7 | 6 |

Auditor's Independence Declaration

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

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

Chairperson *Anthony McCartney*

[Signature]

Treasurer *Stacey Brown*

SBrown

Dated this 17th day of November, 2023

**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 2023 there have been:

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

McLean Delmo Bentleys Audit Pty Ltd

McLean Delmo Bentleys Audit Pty Ltd



**John Delmo
Partner**

**Hawthorn
17 November 2023**

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 2023**

| | Note | 2023 \$ | 2022 \$ |
|--|------|---------------|------------------|
| Revenue from operating activities | 2 | 26,144,218 | 25,380,634 |
| Revenue from non-operating activities | 2 | 1,189,623 | 680,659 |
| Employee benefits expense | | (21,670,680) | (19,247,375) |
| Depreciation and amortisation expense | 4 | (1,155,694) | (749,074) |
| Communications expense | | (360,369) | (242,062) |
| Travel and accommodation expense | | (223,978) | (129,980) |
| Medical and dental supplies | | (643,272) | (449,365) |
| Repairs and maintenance | | (147,074) | (154,552) |
| Cleaning expense | | (108,172) | (94,739) |
| Professional and consulting fees | | (412,784) | (404,734) |
| Computer software | | (443,389) | (380,673) |
| Rents and rates | | (45,410) | (106,895) |
| Computer services | | (450,510) | (421,739) |
| Electricity usage | | (102,732) | (77,233) |
| Program specific expenses | | (609,138) | (654,059) |
| Motor Vehicle expenses | | (231,055) | (188,931) |
| Photocopy and stationery expenses | | (55,632) | (51,143) |
| Food supplies | | (64,502) | (54,977) |
| Materials and stores | | (39,226) | (26,814) |
| Interest on lease liabilities | | (16,545) | (19,624) |
| Other expenses | | (474,341) | (304,440) |
| Surplus for the year | | 79,338 | 2,302,884 |
| Other comprehensive income – changes in asset revaluation reserves | | - | - |
| Total comprehensive income | | 79,338 | 2,302,884 |

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 2023

| | Note | 2023 \$ | 2022 \$ |
|--------------------------------------|------|-------------------|-------------------|
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 5 | 4,312,011 | 4,848,113 |
| Financial assets | 6 | 13,650,000 | 9,100,000 |
| Trade and other receivables | 7 | 499,861 | 692,896 |
| TOTAL CURRENT ASSETS | | 18,461,872 | 14,641,009 |
| NON CURRENT ASSETS | | | |
| Property, plant and equipment | 8 | 11,390,979 | 11,229,835 |
| TOTAL NON CURRENT ASSETS | | 11,390,979 | 11,229,835 |
| TOTAL ASSETS | | 29,852,851 | 25,870,844 |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 9 | 13,214,931 | 9,095,200 |
| Lease liabilities | 10 | 187,080 | 314,975 |
| Provisions | 11 | 2,426,385 | 2,424,538 |
| TOTAL CURRENT LIABILITIES | | 15,828,396 | 11,834,713 |
| NON-CURRENT LIABILITIES | | | |
| Lease liabilities | 10 | 53,392 | 260,816 |
| Provisions | 11 | 336,538 | 220,128 |
| TOTAL NON-CURRENT LIABILITIES | | 389,930 | 480,944 |
| TOTAL LIABILITIES | | 16,218,326 | 12,315,657 |
| NET ASSETS | | 13,634,525 | 13,555,187 |
| EQUITY | | | |
| Contributed equity | | 531 | 531 |
| Reserves | 12 | 5,544,343 | 5,544,343 |
| Retained earnings | | 8,089,651 | 8,010,313 |
| TOTAL EQUITY | | 13,634,525 | 13,555,187 |

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 2023

| | Contributed Equity \$ | Reserves \$ | Retained Surplus \$ | Total \$ |
|----------------------------|-----------------------------|----------------|---------------------------|-------------|
| Balance as at 30 June 2021 | 531 | 5,544,343 | 5,707,429 | 11,252,303 |
| Surplus for the year | - | - | 2,302,884 | 2,302,884 |
| Other comprehensive income | - | - | - | - |
| Total comprehensive income | - | - | 2,302,884 | 2,302,884 |
| 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 |

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 2023

| | Note | 2023 \$ | 2022 \$ |
|---|------|--------------------|--------------------|
| Cash Flows from Operating Activities | | | |
| Grants received and operating activities | 3 | 31,160,390 | 25,800,186 |
| Interest received | | 428,934 | 37,628 |
| Interest paid on lease liabilities | | (16,545) | (19,624) |
| Other receipts | | 2,141,353 | 3,723,824 |
| Payments to suppliers and employees | | (28,190,963) | (24,974,156) |
| Net cash provided by Operating Activities | 16 | <u>5,523,169</u> | <u>4,567,858</u> |
| Cash Flows from Investing Activities | | | |
| Net transfers (to) / from bank term deposits | | (4,550,000) | (2,600,000) |
| Payments for property, plant and equipment | | (1,316,838) | (2,044,913) |
| Proceeds from disposal of plant and equipment | | 142,886 | 279,729 |
| Net cash used in Investing Activities | | <u>(5,723,952)</u> | <u>(4,365,184)</u> |
| Cash Flows from Financing Activities | | | |
| Payments for lease liabilities | | (335,319) | (218,472) |
| Net cash used in Investing Activities | | <u>(335,319)</u> | <u>(218,472)</u> |
| Net decrease in cash held | | (536,102) | (15,798) |
| Cash and cash equivalents at the beginning of the year | | 4,848,113 | 4,863,911 |
| Cash and cash equivalents at the end of the year | 16 | <u>4,312,011</u> | <u>4,848,113</u> |

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 2023

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The principal 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.

New or amended Accounting Standards and Interpretations adopted AASB1060(106)

The Co-operative has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period. Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Co-operative.

Basis of preparation

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

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – 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.

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% |

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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(c) Impairment of Assets

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

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

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

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

(d) Leases

At inception of a contract, the Co-operative assesses if the contract contains, or is, a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Co-operative where the Co-operative is a lessee. However, all contracts that are classified as short-term leases (ie a lease with a remaining lease term of 12 months or less) and leases of low-value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially, the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Co-operative uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options, if the lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date, as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset, whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Co-operative anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Concessionary 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.

(e) Employee Benefits

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(f) Cash

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of six months or less.

(g) 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 16, 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.

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.

(h) Goods and Services Tax (GST)

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(i) Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Co-operative becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the Co-operative commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

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

Classification and Subsequent Measurement

Financial liabilities

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

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

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

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

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

Derecognition

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

Derecognition of financial liabilities

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

Derecognition of financial assets

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

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

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

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

Impairment

The Co-operative recognises a loss allowance for expected credit losses on:

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

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

The Co-operative used simplified approach to impairment, as applicable under AASB 9.

VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(i) Financial Instruments (continued)

Simplified approach

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

This approach is applicable to:

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

Recognition of unexpected credit losses in financial statements

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

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

(j) Critical Accounting Estimates and Judgments

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

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, 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
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

| | 2023 \$ | 2022 \$ |
|---|------------|------------|
| NOTE 2 REVENUE | | |
| Revenue from operating activities - Grants and program revenue | | |
| Commonwealth Government departments, funded agencies and authorities | | |
| Department of Health | | |
| Indigenous Primary Health Care Services | 5,157,354 | 5,098,651 |
| Tackling Indigenous Smoking | 1,069,937 | 1,026,929 |
| Commonwealth Home Support Programme | 958,435 | 1,026,107 |
| IAHP Expansion | 1,001,407 | 806,331 |
| Respiratory Clinic | - | 551,619 |
| Connected Beginnings | 66,243 | - |
| DPMC / NIAA | 147,869 | 155,531 |
| Department of Human Services | | |
| Medicare | 1,459,109 | 1,439,851 |
| Practice Incentive Programs | 139,715 | 297,300 |
| Department of Social Services | 115,725 | 325,145 |
| Other | 39,468 | - |
| Grants and program revenue from other Commonwealth funded agencies and authorities: | | |
| Eastern Melbourne Primary Healthcare Network | 126,482 | 134,320 |
| North Western Melbourne Primary Healthcare Network | 1,025,845 | 1,079,244 |
| Australian General Practice Training MCC | 247,165 | 157,962 |
| Other DJPR | 275 | 1,014,931 |
| | 11,555,029 | 13,113,921 |
| Victorian Government departments, funded agencies and authorities | | |
| Department of Health and Human Services | 1,681,549 | 2,629,273 |
| Department of Education and Training | 452,667 | 443,770 |
| Department of Health | 7,020,474 | 4,451,704 |
| Department of Family, Fairness and Housing (DFFH) | 1,280,549 | 979,940 |
| DPC | 15,350 | 80,000 |
| Victorian Responsible Gambling Foundation | 393,775 | 412,654 |
| Baptcare | 172,758 | 161,065 |
| Dental Health Services Victoria | 956,156 | 123,611 |
| | 11,973,278 | 9,282,017 |
| Non-Government program revenue | | |
| Youth Support and Advocacy Service – Bunjilwarra | 1,315,031 | 1,224,895 |
| Royal Australian Colleges of Physicians | 146,735 | 105,000 |
| Other Non-Government program revenue | 1,154,145 | 1,654,801 |
| | 2,615,911 | 2,984,696 |
| Total Revenue from operating activities | 26,144,218 | 25,380,634 |
| Revenue from non-operating activities | | |
| Donations | 66,133 | 19,336 |
| Expense recoveries | 12,851 | 82,932 |
| Interest received | 428,934 | 31,626 |
| Rent | - | 31,013 |
| Gain on sale of fixed assets | 142,886 | 208,148 |
| Sundry sales and income | 538,819 | 307,604 |
| Total Revenue from non-operating activities | 1,189,623 | 680,659 |

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
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

| | 2023 | 2022 |
|---|------------|------------|
| | \$ | \$ |
| NOTE 3 GRANTS | | |
| Grants and program revenue received during the financial year comprise: | | |
| Commonwealth Government departments, funded agencies and authorities | | |
| Department of Health | | |
| Indigenous Primary Health Care Services | 5,226,117 | 5,098,651 |
| Tackling Indigenous Smoking | 1,040,249 | 1,040,249 |
| Commonwealth Home Support Programme | 958,435 | 1,026,107 |
| Minor Capital - IAHP PHC service Expansion & Respiratory Clinic | 1,396,239 | 1,950,870 |
| DPMC / NIAA | 14,445 | 248,006 |
| Major Capital | 2,600,000 | - |
| Connected Beginnings | 250,000 | - |
| Department of Human Services | | |
| Medicare | 1,459,109 | 1,479,438 |
| Practice Incentive Programs | 139,715 | 297,300 |
| Department of Social Services | 123,908 | 113,424 |
| Department of Prime Minister and Cabinet | 134,315 | 150,403 |
| Grants and program revenue from other Commonwealth funded agencies and authorities: | | |
| Eastern Melbourne Primary Healthcare Network | 6,000 | 131,087 |
| North Western Melbourne Primary Healthcare Network | 1,593,825 | 1,110,069 |
| Australian General Practice Training MCCC | 247,165 | - |
| Other | 195,105 | - |
| | 15,384,627 | 12,645,604 |
| Victorian Government departments, funded agencies and authorities | | |
| Department of Health and Human Services | 8,746,065 | 7,472,472 |
| Department of Family, Fairness & Housing | 1,536,705 | 1,484,744 |
| Department of Education and Training | 401,733 | 394,824 |
| Department of Justice | 200,758 | - |
| Victorian Responsible Gambling Foundation | 491,022 | 424,599 |
| Dental Health Services Victoria | 956,156 | 283,611 |
| | 12,332,439 | 10,060,250 |
| Non-Government program revenue | | |
| Youth Support and Advocacy Service – Bunjilwara | 1,315,031 | 1,224,895 |
| Royal Australian Colleges of Physicians and Medical Administrators | 146,735 | 105,000 |
| Other Non-Government program revenue | 1,981,558 | 1,764,437 |
| | 3,443,324 | 3,094,332 |
| Total Grants and program revenue received | 31,160,390 | 25,800,186 |

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
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

| | 2023 | 2022 |
|--|------------|-----------|
| | \$ | \$ |
| NOTE 4 DEPRECIATION AND AMORTISATION EXPENSE | | |
| Surplus has been determined after: | | |
| Charging as expenses / crediting as revenue: | | |
| Depreciation of property, plant and equipment | 854,812 | 532,004 |
| Amortisation of right of use assets | 300,882 | 217,070 |
| Total depreciation and amortisation | 1,155,694 | 749,074 |
| NOTE 5 CASH AND CASH EQUIVALENTS | | |
| Cash on hand | | |
| Non interest bearing | 800 | 800 |
| Interest bearing | 4,311,211 | 4,847,313 |
| | 4,312,011 | 4,848,113 |
| 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)) | 11,829,092 | 8,096,827 |
| Cash and cash equivalents and financial assets – Specific purposes | 11,829,092 | 8,096,827 |
| Other cash and financial assets | | |
| Cash and cash equivalents and financial assets – Other purposes | 6,132,919 | 5,851,286 |
| NOTE 6 FINANCIAL ASSETS | | |
| Term deposits | 13,650,000 | 9,100,000 |
| | 13,650,000 | 9,100,000 |
| NOTE 7 TRADE AND OTHER RECEIVABLES | | |
| Trade debtors | 85,956 | 328,446 |
| Sundry debtors | 413,905 | 364,450 |
| | 499,861 | 692,896 |
| No interest is payable on overdue debtors. | | |

VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

| | | 2023 \$ | 2022 \$ |
|--|-----|-------------------|-------------------|
| NOTE 8 PROPERTY, PLANT AND EQUIPMENT | | | |
| Land at independent valuation | (b) | 5,000,000 | 5,000,000 |
| Freehold building at independent valuation | (b) | 2,150,000 | 2,150,000 |
| Freehold building at cost | (b) | 1,159,659 | - |
| Less: accumulated depreciation | | (356,080) | (258,000) |
| | | <u>2,953,579</u> | <u>1,892,000</u> |
| Leasehold buildings at independent valuation | (b) | 1,500,000 | 1,500,000 |
| Leasehold buildings at cost | | 1,835,705 | 1,112,070 |
| Less: accumulated depreciation | | (1,396,133) | (937,384) |
| | | <u>1,939,572</u> | <u>1,674,686</u> |
| Furniture and equipment at cost | | 1,169,329 | 879,087 |
| Less: accumulated depreciation | | (830,913) | (779,851) |
| | | <u>338,416</u> | <u>99,236</u> |
| Copyright of floor design at cost | | 20,000 | 20,000 |
| Less: accumulated amortisation | | (20,000) | (20,000) |
| | | <u>-</u> | <u>-</u> |
| Motor vehicles at cost | | 1,522,775 | 1,187,267 |
| Less: accumulated depreciation | | (603,787) | (624,317) |
| | | <u>918,988</u> | <u>562,950</u> |
| Right-of-Use Assets (ROU) | | 1,102,191 | 1,102,191 |
| Less: accumulated depreciation | | (861,767) | (560,885) |
| | | <u>240,424</u> | <u>541,306</u> |
| Work in progress | | - | 1,459,657 |
| Total property, plant and equipment | | <u>11,390,979</u> | <u>11,229,835</u> |

(a) Movement in carrying amounts

| 2023 | Land | Freehold buildings | Leasehold buildings | Furniture & equipment | Motor vehicles | Right-of-Use Assets | Work In progress | Total |
|-----------------|-----------|--------------------|---------------------|-----------------------|----------------|---------------------|------------------|-------------|
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Opening Balance | 5,000,000 | 1,892,000 | 1,674,686 | 99,236 | 562,950 | 541,306 | 1,459,657 | 11,229,835 |
| Additions | - | - | - | 101,418 | 602,959 | - | 612,461 | 1,316,838 |
| Transfers | | 1,159,659 | 723,635 | 188,824 | - | - | (2,072,118) | - |
| Depreciation | - | (98,080) | (458,749) | (51,062) | (246,921) | (300,882) | - | (1,155,694) |
| Closing balance | 5,000,000 | 2,953,579 | 1,939,572 | 338,416 | 918,988 | 240,424 | - | 11,390,979 |

(b) Asset revaluation

The Board valuations of freehold land and building were based on independent valuations conducted by Julian Valmorbidia Certified Practising Valuer of Wallace Commercial (Vic) Pty Ltd. The property situated at 186 Nicholson Street, Fitzroy, Victoria was revalued on 6 September 2019. The properties situated at 664-666 Smith Street, Clifton Hill, Victoria and 238-250 Plenty Road, Preston, Victoria were revalued on 29 August 2019.

VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

| | 2023 | 2022 |
|---|-------------------|------------------|
| | \$ | \$ |
| NOTE 9 TRADE AND OTHER PAYABLES | | |
| Trade creditors | 346,512 | 324,136 |
| Accruals | 735,801 | 525,233 |
| GST Payable | 303,526 | 149,004 |
| Unexpended grants and grants received in advance (a) | 11,829,092 | 8,096,827 |
| | <u>13,214,931</u> | <u>9,095,200</u> |
| (a) Unexpended grants and grants received in advance: | | |
| Unexpended grants are grants received on or before 30 June 2023 for which plans have been established for utilisation on or before 30 June 2023. Grants received in advance are grants received in the year to 30 June 2023 to be used in the year to 30 June 2024. | | |
| Commonwealth Government | | |
| Department of Health | 68,763 | 182,283 |
| Tackling Indigenous Smoking | - | 29,688 |
| Minor Capital - IAHP PHC service Expansion | 4,202,203 | 1,025,088 |
| Department of Prime Minister and Cabinet | 133,765 | 147,319 |
| Other Commonwealth grants | 191,940 | - |
| Victorian Government | | |
| Department of Health | 4,921,098 | 3,458,648 |
| Department of Health and Human Services | 133,764 | 1,808,508 |
| Department of Family, Fairness and Housing (DFFH) | 820,484 | 912,923 |
| Department of Education and Training | 30,331 | - |
| Department of Justice | 47,321 | - |
| North West Metropolitan Primary Health Network | 777,258 | 209,278 |
| Eastern Melbourne Primary Health Network | - | 23,595 |
| Victorian Responsible Gambling Foundation | 54,413 | 68,121 |
| Bapt Care | - | 7,383 |
| Other non-government program revenue | 447,752 | 223,993 |
| Total unexpended grants and grants received in advance | <u>11,829,092</u> | <u>8,096,827</u> |
| NOTE 10 LEASE LIABILITIES | | |
| CURRENT | | |
| Lease Liabilities | <u>187,080</u> | <u>314,975</u> |
| NON-CURRENT | | |
| Lease Liabilities | <u>53,392</u> | <u>260,816</u> |
| NOTE 11 PROVISIONS | | |
| CURRENT | | |
| Provision for annual leave | 1,629,339 | 1,617,900 |
| Provision for long service leave | 797,046 | 806,638 |
| | <u>2,426,385</u> | <u>2,424,538</u> |

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

| | | |
|----------------------------------|----------------|----------------|
| NON-CURRENT | | |
| Provision for long service leave | <u>336,538</u> | <u>220,128</u> |

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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

| | 2023 | 2022 |
|--|------------------|------------------|
| | \$ | \$ |
| NOTE 12 RESERVES | | |
| Building project | | |
| The building project reserve of \$4,069,343 represents funds for the replacement of buildings and revaluations of land and buildings. | | |
| Capital Reserve | | |
| The capital reserve of \$1,475,000 represents the fair value of the Smith Street property acquired at no cost. | | |
| NOTE 13 AUDITORS' REMUNERATION | | |
| Audit fees for auditing the financial statements | 34,200 | 32,250 |
| | <u>34,200</u> | <u>32,250</u> |
| 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 | 880,828 | 972,817 |
| Superannuation | 92,545 | 95,423 |
| | <u>973,373</u> | <u>1,068,240</u> |
| 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. | | |
| NOTE 16 CASH FLOW INFORMATION | | |
| <i>(a) Reconciliation of Cash</i> | | |
| Cash as at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the relevant items in the Statement of Financial Position as follows | | |
| Cash on hand and at bank | 4,312,011 | 4,848,113 |
| <i>(b) Reconciliation of Cash Flow from Operations with surplus for the year</i> | | |
| Surplus for the year | 79,338 | 2,302,884 |
| Non-cash flows in surplus: | | |
| Depreciation and amortisation | 1,155,694 | 749,074 |
| Profit on sale of asset | (142,886) | (208,148) |
| Changes in assets and liabilities: | | |
| Decrease in trade and other receivables | 193,035 | 349,049 |
| Increase in trade and other payables | 4,119,731 | 1,124,790 |
| Increase in provisions | 118,257 | 250,209 |
| Net cash provided by operating activities | <u>5,523,169</u> | <u>4,567,858</u> |
| 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 2023. | | |
| 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(d). | | |

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

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 has a mortgage of \$400,000 over the property.

Bank guarantees have been provided to Commonwealth Bank of Australia amounting to \$49,527 (2022: \$49,527) in respect of a property leases. The guarantees are secured over a bank account.

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

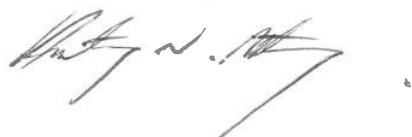
DIRECTORS' DECLARATION

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 21:
 - (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 2023 and performance for the year ended on that date;
2. In the directors' opinion there are reasonable grounds to believe that the Co-operative will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Chairperson Anthony McCartney



Treasurer Stacey Brown



Dated this 17 th day of November , 2023

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

Opinion

We have audited the financial report of Victorian Aboriginal Health Service Co-operative Limited, which comprises the statement of financial position as at 30 June 2023, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the directors' declaration.

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

- (a) giving a true and fair view of the Co-operative's financial position as at 30 June 2023 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 Regulation 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. We are independent of the Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

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

Responsibilities of the Directors for the Financial Report

The Directors of the Entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – 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 Entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.



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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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

McLean Delmo Bentleys Audit Pty Ltd
McLean Delmo Bentleys Audit Pty Ltd

**John Delmo
Partner**

**Hawthorn
17 November 2023**

VICTORIAN ABORIGINAL HEALTH SERVICE

VAHS EPPING

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Epping, Victoria, 3076

VAHS FITZROY

186 Nicholson Street,
Fitzroy, Victoria, 3065

VAHS PRESTON

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VAHS ST ALBANS

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