

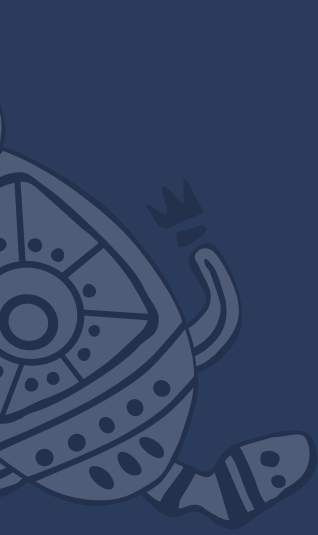


VICTORIAN ABORIGINAL
HEALTH SERVICE
Caring for the Community

ANNUAL REPORT

2024 - 2025





ACKNOWLEDGEMENT

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

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

We acknowledge our Peoples' longstanding relationship with Country and Culture, and the millennia of healthcare traditions and practices for our physical, mental, emotional, and spiritual wellbeing, that have been passed down through the generations, making our work at VAHS possible today.



ABOUT VAHS



VAHS' Life Members are recognised for their significant contribution to our organisation, and as a result of this, Aboriginal Health in Victoria.

Jock Austin

Gunditjmara

Alan Brown

Gunditjmara

Gary Foley

Gumbainggir

Christine Ingram

Gimuy, Walubara, Yidinji

Bruce McGuinness

Wiradjuri

Dr Bill Roberts

Alma Thorpe

Gunditjmara

VAHS has been Caring for Community since its humble beginnings in our first home at Gertrude Street, Fitzroy in 1973.

A group of pioneers in Aboriginal healthcare came together to address the specific health needs of the Victorian Aboriginal Community, and built a culturally-safe space that is much more than just physical health. VAHS is a meeting place, a place for family, Community and Culture.

In the 52 years since those trailblazers, VAHS has continued to expand, now with four clinics across metropolitan Naarm, providing medical, dental, mental, social, and emotionally wellbeing services from Community.

A key focus has been a lifetime of care, from the mothers expecting Boorais who become part of the VAHS family before they are even born, to our Elders, taking care of those who have taken care of us for their entire lives.

VAHS is staunchly a for Community by Community organisation, with 47.7 per cent of our staff being Aboriginal and/or Torres Strait Islander Peoples.

We are also proud to contribute to Community beyond our clinics with events and activities including our ongoing partnership with the Fitzroy Stars Football Netball Club, sporting carnivals, mobile healthcare services, Elders support, and more.

Although our goal is always continuous growth to better support more members of Community, what we will never lose sight of is where we have come from, acknowledging those who have come before us, from the original founders at Fitzroy, past and present board members and staff, and most importantly, Community, without whom, we would not be the organisation we are today.

CHAIRPERSON'S REPORT

On behalf of the VAHS Board and executive directors, and as the Chairperson of VAHS, I am pleased to present the 2024-25 Annual Report.

I congratulate VAHS' staff on another year of successfully providing culturally-safe, self-determined healthcare to Community, on the lands of the Wurundjeri People of the Kulin Nation.

I respectfully acknowledge the Traditional Custodians of the many lands on which we meet, work, live, and play.

This year was a period of continued growth at VAHS, with 45 per cent increase in our staffing across our four sites, and 83,812 client contacts from a database of 5,562 attending clients.

I am pleased to see so many leadership positions at VAHS being filled by Aboriginal staff, reinforcing our firm stance on being an organisation that is 'for Community by Community'. This is backed up by Aboriginal knowledge and voices from our executive leaders, and staff greeting you from behind the reception desk at our four clinics.

I am proud of VAHS' contribution to the continued and improved health of Aboriginal Peoples. We know there is still work to be done. With 14 Closing The Gap targets out of 19 on track or being met, as an ACCHO we need to continue to pressure governments to truly prioritise Aboriginal health. We must continue the work we are doing to show that Aboriginal health belongs in Aboriginal hands and providing the evidence for government to recognise and support First Nations-led data sovereignty.

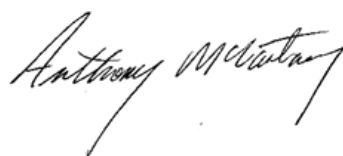
Of course, our people are the heart of everything we do, and I applaud the care and compassion every staff member at VAHS takes into their work, providing a safe space for Community to have their physical, emotional, and spiritual wellbeing taken seriously.

I acknowledge the losses of beloved Community members during 2024-25 and extend my heartfelt condolences, sympathies, and respects to the families and friends of those we have said goodbye to this year. I am always proud to see the Community pulling together to care for one another during difficult times.

As we make headway in the new financial year with many exciting opportunities and incentives, I acknowledge my fellow VAHS Board members, and all VAHS staff, for their professionalism and commitment. Remember, every day you come to work, you are making an impact and ensuring better outcomes for our People. This is something that needs to be applauded, and I thank you for your contribution to this vital work.

The work we do at VAHS would not be possible without the support of the Victorian Aboriginal Community Controlled Health Organisation, our statewide umbrella agency, and the National Aboriginal Community Controlled Health Organisation. Together we will continue to work with state and federal governments to secure continued funding and form partnerships with fellow ACCHOs, Aboriginal organisations and mainstream health agencies.

This collaboration will ensure that our vision of 'Caring for the Community' continues for many years to come.



Anthony McCartney, VAHS Chairperson





VAHS BOARD

Anthony McCartney
Wotjobaluk, Nari Nari
Chairperson



Tony has served as chairperson of both the National Aboriginal Community Controlled Health Organisation (NACCHO), and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Tony has worked over a decade in the youth residential and institutional healing services, drug and alcohol services programs, housing, health, higher education, transport, and the automotive industry. Currently, he works in vocational education training as a manager and holds several governance roles in Aboriginal health and substance abuse rehabilitation programs, and advocates for Aboriginal people at local, state, national, and international forums. Tony was born on Mutti Mutti country and his heritage originates from the Wotjobaluk tribe in Western Victoria and the Nari Nari tribe from New South Wales, and he is a proud father and grandfather.

Brad Brown
Gunditjmara
Director



A proud Gunditjmara man, Brad has spent his entire professional life working with the Melbourne Aboriginal Community, including 22 years as an Aboriginal Health Worker at VAHS. He returns to the VAHS Board having served previously, including as Vice Chairperson. Other previous management positions, include CEO of Gippsland and East Gippsland Aboriginal Cooperative Limited, and Cancer Council Victoria. Brad has particular passion for reducing smoking and vaping in Aboriginal Communities and further chronic disease management in Community, to help people live happy and healthy lives physically, mentally, and spiritually.

Ronald Briggs
Yorta Yorta
Deputy Chairperson



Ronald is passionate about Community and Aboriginal health. At present, he is semi-retired, but still active in health and wellbeing across Community, especially with men's health, fathers, and building healthy role models. Over the years he has been involved in various health sector committees and has a keen interest in helping Community members becoming involved in sport, promoting the goodness of fathers in Community, and the importance of their relationships with their families, seeing Communities live long, happy and healthy lives.

Stacey Brown
Yorta Yorta, Dja Dja Wurrung
Treasurer



A proud Yorta Yorta and Dja Dja Wurrung woman, Stacey has worked in the early childhood education sector for more than 30 years, and has served as CEO of Yappera Children's Service since 2004. She holds a Bachelor of Education, Diploma of Children's Services, Certificate IV in Business (Governance), Certificate in Business, and Diploma in Business (Frontline Management). Stacey firmly believes childrens' access to early years programs and services are fundamentally important, laying foundations for resilience, health, physical, and spiritual growth, wellbeing, and equipping them with a strong sense of belonging and connection, ensuring they continue to thrive in their development.

Jessica Mitchell
Gunditjmara
Wemba Wemba



Jessica is a proud Gunditjmara and Wemba Wemba woman, wife, and mother of two living and working on Wurundjeri Country in Naarm (Melbourne). With over a decade of experience in the Aboriginal Community Controlled Health Sector, Jess has dedicated her career to improving health outcomes for Aboriginal and Torres Strait Islander Communities. She is currently Executive Manager, Workforce Development at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), where she supports Community Controlled Organisations to address workforce challenges and to strengthen Culturally safe models of care. She also contributes her expertise to multiple boards, including as a Victorian Practitioner Representative on the Aboriginal and Torres Strait Islander Health Practice Board of Australia, VAHS, and as Treasurer at Yappera Children's Service Cooperative.

Brodie Cook
Yorta Yorta
Director



Brodie is a proud Yorta Yorta man who was born in Melbourne and has lived throughout metro and rural Victoria. He holds a Certificate IV in Project Management, Certificate IV in Leadership and Management, and has completed additional short courses in Data Analysis and Visualisation. Throughout his career, Brodie has participated in Aboriginal strategic governance meetings, the Dhelk Dja leadership group, National Aboriginal Data Sovereignty Group through Melbourne University, and other groups, forums, and committees.

Brodie's board term concluded in March 2025.

Andrew Morrison
Gunditjmara
Director



Andrew Morrison is a proud Gunditjmara man with 25-plus years' experience dedicated to strengthening the health, wellbeing, and Cultural safety of Aboriginal people, families, and Communities. His career spans government, mainstream, and Aboriginal Community-Controlled sectors, always guided by his commitment to self-determination and community leadership. Andrew currently leads initiatives to increase Aboriginal employment, embed Cultural safety, and support safe and respectful healthcare for Mob, in his role as Aboriginal Employment and Cultural Safety Advisor at Northern Hospital Epping. He holds a Diploma of Aboriginal Welfare and a Certificate IV in Training and Assessment, and has completed management and governance programs, including through the Institute of Community Directors Australia. Andrew's other Community leadership roles include board member of 3KND Kool 'N' Deadly (Victoria's only Aboriginal radio station), and member of the Whittlesea Aboriginal Gathering Place Advisory Group and Northern Health Aboriginal Advisory Committee.

Michelle Crilly
Yorta Yorta



Michelle is passionate about creating a culturally safe environment for Aboriginal & Torres Strait Islander staff & patients. Michelle started as an Aboriginal Cadet at Ambulance Victoria (AV) and went on to become an Advance Life Support (ALS) Paramedic. Michelle became the Aboriginal and Torres Strait Islander Program Lead at AV in the Diversity and Inclusion Team. She is committed to making the prehospital setting culturally safe for all Aboriginal & Torres Strait Islander patients.

Michelle's board term commenced in April 2025.

CEO'S YARN



At the end of yet another challenging but rewarding year for VAHS, I reflect on how proud I am of our organisation and the VAHS family for their tireless work to create a positive impact on Community's lives.

I pay my respects to the Elders and Community members, past and present, who if it weren't for their pioneering for change back at Fitzroy in the 1970s, the work we do today would not be possible.

Noting the importance of care for Community from before they are born, through our Women's and Children's Unit Mum's and Bubs program, and throughout life, by promoting annual health checks for Community of all ages, and even beyond life, supporting loved ones during Sorry Business, during 2024-25 we set our sights on aged care, so we can better our care for Community in the twilight years.

The Aged Care reform is an Australia-wide project, but like with all Aboriginal health, it is essential we provide a service for Community by Community, so the Aboriginal people who have taken care of us and our Culture for their whole lives are given the very best access to care as they age.

In preparation for new laws centralising the rights of older Australians and new support at home programs in November 2025, VAHS has established the Aged Care Capacity Building Project, so we can recruit the right people and form the right partnerships to give Elders and older Aboriginal people culturally safe aged care and remain connected with Culture and Community.

VAHS moved into the next phase of operations for Bunjilwarra Residential Rehabilitation, with operations transitioning solely to VAHS in July 2025, after co-operating with Youth Support + Advocacy Service (YSAS) since the service opened.

This exciting milestone for Bunjilwarra is in line with the original contract formed between VAHS and YSAS, and marks the next step in our journey as a truly self-determined, Community Controlled organisation. The transition saw YSAS staff joining the VAHS team and we are proud to have them on board to continue growing the VAHS family.

In September, our longtime partner Fitzroy Stars had resounding success in the Northern Football Netball League (NFNL), with the senior men winning their first premiership since the Stars joined the NFNL, breaking a 35-year drought.

The Stars reserves men and women's team also made their respective grand finals, unfortunately not coming away with the win, but being a part of history none the less, with all three Stars teams making the grand final for the first time in the club's proud history. The Stars also made history during NAIDOC Round in July, with all three teams playing on the same day for the first time ever, and all taking the win.

Fitzroy Stars is much more than just a football club, and the impact goes beyond the game. Fitzroy Stars is space of Community, Culture, family, and belonging for players, members, and supporters.

In line with our goals to provide healthcare from the very beginning of life, VAHS has worked closely with the National Aboriginal Community Controlled Health Organisation (NACCHO) to promote fetal alcohol spectrum disorder (FASD) to ensure every Boorai has a chance to be Born Strong, providing a safe space for pre and post-natal conversations at our Mum's and Bubs Group.

VAHS' growth goes beyond our health services and Community programs, but investing in our staff too. VAHS has partnered with RMIT University to provide the opportunity for staff to complete the Diploma in Leadership and Management, with an uptake of 26 people, representing almost 10 per cent of our staff.

This course will equip our existing and future leaders with vital skills in managing people and teams, business and operational planning, finance, resource management, and risk management, to bring not only back to VAHS, but the wider Victorian Aboriginal Community.

With the successes of 2024-25, challenges associated with systematic racism for Community persist, and mental health remains a key priority for VAHS. This is why we have partnered with the Victorian Government and Ermha to launch a new Distress Brief Support Service in Northcote.

This free, Community-based space is designed by people with lived experience of distress, and rather than being an intimidating clinical environment, is a warm, welcoming, Culturally-safe space to help those suffering short-term distress and connect them with longer term support if required. This service will be partnered with a VAHS Preston-based worker providing further mobile support across Darebin.

Caring for Community is always at the heart of everything we do at VAHS, and I want to thank to Community members, the wider Aboriginal Community Controlled Health Organisation (ACCHO) sector, the Elders who paved the way, our growing partners across ACCHO and mainstream health, and of course our dedicated VAHS staff for your steadfast commitment to supporting physical, emotional, and spiritual wellbeing for Aboriginal people.

I look forward to continuing our vital work together in the next twelve months, and beyond.

DATA REPORT

Overview

83,812
Client contacts

5,562
Clients attended

1,146
New clients

54,570
Episodes of Care

5,279
Dental
appointments

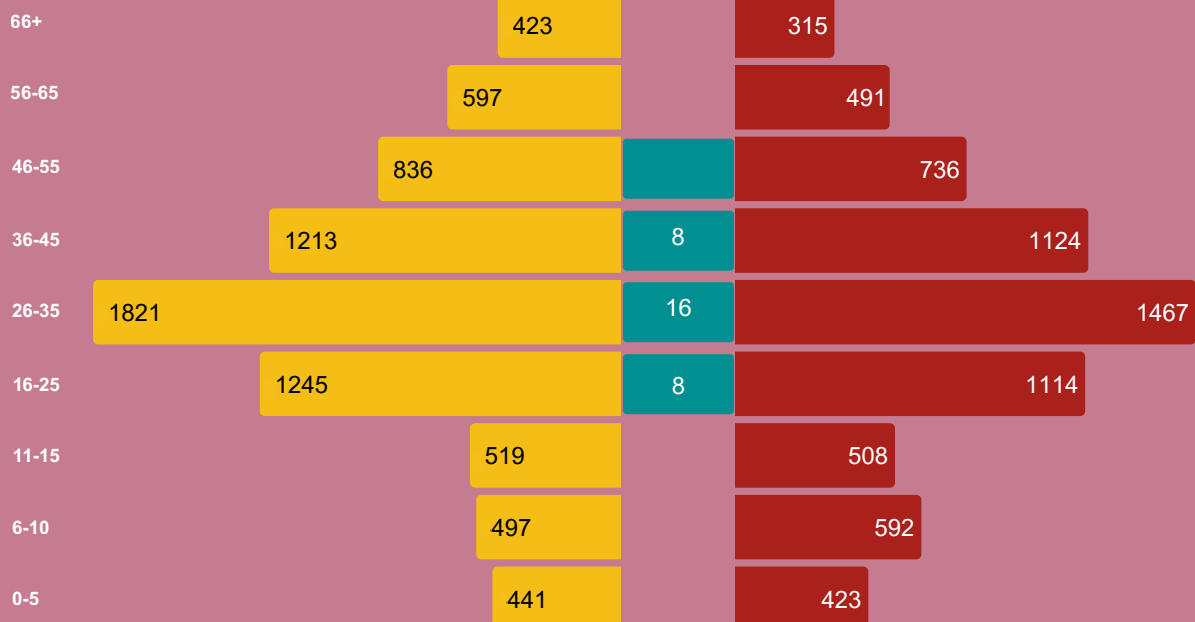
1,179
Health Checks

1,140
Health check
follow ups

7,835
Fitzroy Walk-Ins

VAHS Clients

Age Groups



Our clients by

Top 5 LGAs:

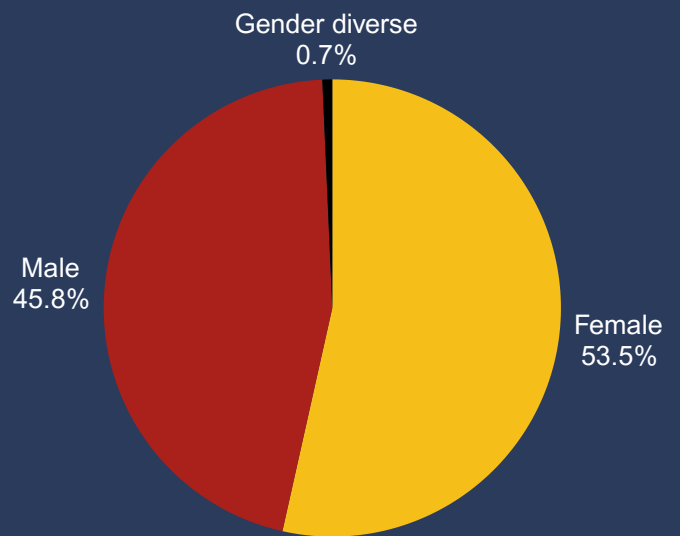
Darebin

Whittlesea

Merri-bek

Hume

Banyule



ORGANISATIONAL DEVELOPMENT



VAHS' newest team, the Organisational Development Unit was established in February 2025 to provide strategic advice so VAHS can build its capacity and capabilities in line with the Strategic Plan 2025-2031.

This includes strategies to enhance our operational effectiveness, continuous quality improvement, to 'Grow Our Own' in developing our people, partnering with tertiary and teaching institutions in career pathways and student placements, and enhancing the cohesion and motivation of our workforce.

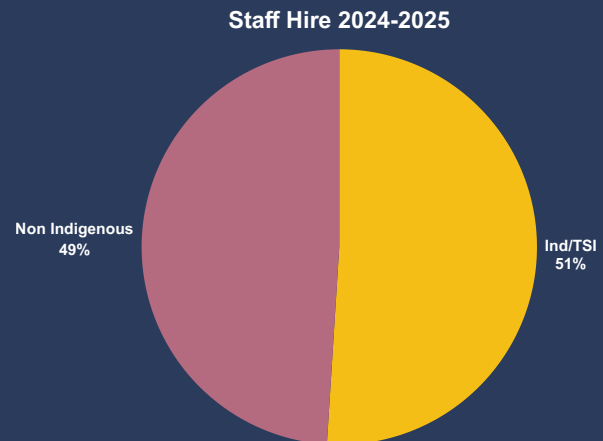
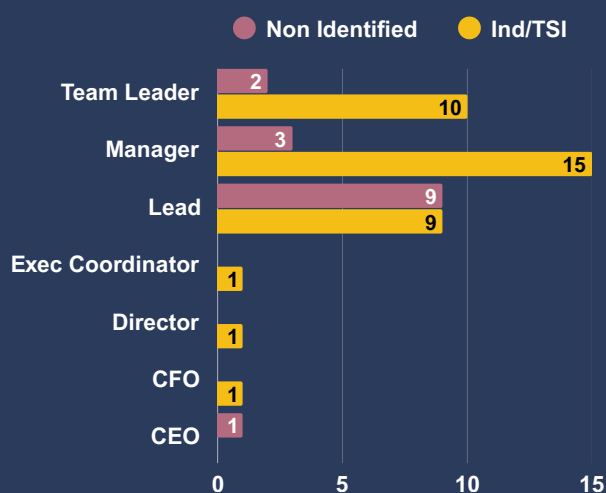
The first big milestone for Organisational Development was working with RMIT to develop a VAHS-specific Diploma of Leadership & Management for over 30 of our current and emerging leaders. It will commence in September 2025 and aligns with the implementation of the Strategic Plan and the important role the participants will be playing in its implementation.

Other strategic support was in the transition of the Bunjilwarra Residential Rehabilitation centre from Youth Support + Advocacy Service (YSAS) to full VAHS responsibility, the launch of the Aged Care Capacity Building Project, updated student placement agreements with universities, including University of Melbourne, RMIT and Australian Catholic University with more agreements to come

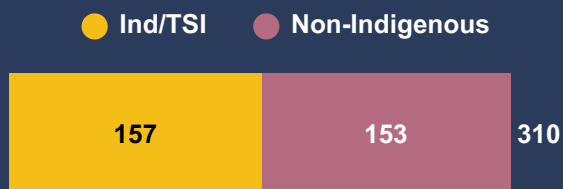
To enhance governance and continuous improvement as an organisation, the team also updated VAHS' feedback, incident, and risk management processes and reporting, both for members of Community and staff, which included updates to the quality and risk management system, LogiQC.



HUMAN RESOURCES



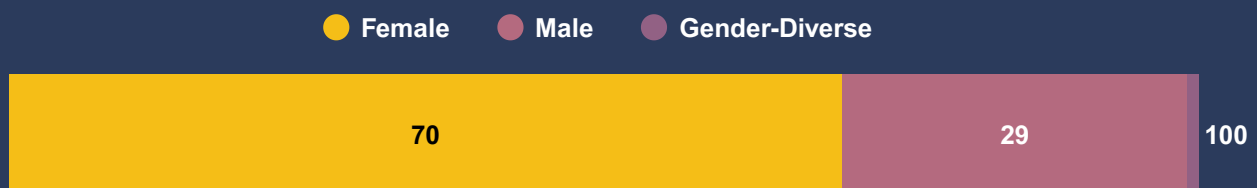
Total Staff Count



Staff Turnover



Gender



The Human Resources Unit is responsible for providing strategic and operational human resources advice to the organisation, aligning with VAHS' strategic goals.

Throughout 2024-25, VAHS experienced significant growth of 45 per cent, including an increase of Aboriginal and Torres Strait Islander employees moving into leadership roles.

As of 30 June 2025, VAHS' staff comprised 47.7 per cent Aboriginal employees, and during 2024-25, there was an even par of Aboriginal and non-Aboriginal employees leaving the organisation.

Bunjilwarra transition

As of 1 July 2025, VAHS has taken on full management of Bunjilwarra Residential Rehabilitation from Youth Support + Advocacy Service (YSAS).

Human Resources and Payroll supported new employees transitioning from YSAS to VAHS for a smooth changeover, allowing for limited interruptions to services.



Staff training

In November 2024, the Family Counselling Services (FCS) Unit identified the need for further training in vicarious trauma for their team members.

The Human Resources Unit assisted with arranging delivery of the Trauma-Informed (Vicarious Trauma) Education program course with Karabena Consulting. The FCS and Women's and Children's Unit participated in this two-day course, providing them with tools to deal with the vicarious trauma they may face in their jobs for improved wellbeing. Frontline staff within these units were also offered a half day Vicarious Trauma Masterclass.



Human Resources Information System

The Human Resources Unit rolled out a new Human Resources Information System (HRIS), ConnX, in May 2024.

The new database streamlined HR and payroll, allowing employees to view payslips, leave balances and benefits in one place, improved recruitment and onboarding processes, and enhance employee engagement. Throughout 2024-25, VAHS' onboarding module was transitioned through ConnX, giving new employees a centralised process and addressing gaps in the former onboarding procedure.

The team also implemented the work check-ins module to continuously improve staff alignment, engagement, and professional development, in line with organisational, service agreement delivery, and personal goals. The modules are in line with five guideline categories; development, health and wellbeing, key responsibilities, operational unit plan, and probationary period.

In 2025-26, the next stage is rolling out the recruitment module to centralise and improve VAHS' recruitment process, particularly the timeframe.

The Human Resources Unit also provides general advice, support, processes, and systems across recruitment, employee development, performance management, employee benefits, policy and compliance, workplace safety and wellbeing, strategic planning, the VAHS values, Code of Conduct, governance, and employee legislation compliance.



FITZROY CLINIC



VAHS Fitzroy is still a meeting place for many Aboriginal people in Melbourne, as the flagship clinic, just around the corner from VAHS' humble beginning home of Gertrude Street. The clinic is serviced by 27 permanent part time general practitioners, plus an additional two on parental leave.

During 2024-25, VAHS Fitzroy delivered more than 21,000 medical episodes of care, had over 7,500 walk-in appointments (an average of 156 per week!) and 18,085 booked appointments (averaging 361 per week).

This included delivering 1,180 health checks during 2024-25, which was a 30 per cent increase compared with the previous financial year. After securing four-year urgent care pathways funding, VAHS Fitzroy reintroduced Saturday morning clinics, in which staff delivered more than 600 episodes of care, representing a 233 per cent increase on the previous year.

To meet the ever-increasing need, VAHS Fitzroy's clinical systems were remodelled to enhance efficiency and meet the service demand, which included a two-day medical workshop in October 2024 to fine tune the systems and services, and continuous enhancement of MMEx clinical software. Fitzroy also successfully completed Australian General Practitioner Accreditation Limited accreditation, reintroduced a Medicare Lead, and will increase GP Registrar supervision capacity to two part time GP Registrars in 2026.

During NAIDOC Week 2025, VAHS Fitzroy showcased its completed building renovations and upgrade, including a new outdoor Cultural space for Community to utilise.

VAHS increased strategic partnerships with other Community health organisations such as North Richmond Community Health, building more culturally safe healthcare spaces across metro Melbourne. This included expanding memorandums of understanding with four major tertiary hospitals.

Community outreach remained a key focus, VAHS Fitzroy having administered more than 200 outreach flu vaccinations to Community at pop-up clinics, including at Fitzroy Stars football and netball matches, and working closely with the Community Programs and Oral Health Units, plus other specialist services to provide a wrap-around approach to health for clients.

VAHS secured funding for two medical outreach vans, allowing for further reach across Victoria, provided nursing support to Bunjilwarra Residential Rehabilitation, had GPs attend Aboriginal Community Elders Services, expanded nurse practitioner services, and supported breast screening for Aboriginal and Torres Strait Islander women.

Investment in staff development was also prioritised, with the Fitzroy clinic supporting two nurses to continue nurse practitioner training, two Aboriginal staff members enrolled in pharmaceutical courses, an Aboriginal Health Practitioner to study orthoptics, an Aboriginal Health Worker to complete the Aboriginal Health Practitioner course, an enrolled Aboriginal nurse to complete Registered Nursing studies, another Aboriginal nurse currently completing their graduate year at the Austin Hospital.

ST ALBANS CLINIC

In VAHS St Albans' second full year of operations, the clinic continued full operations, opening five days a week, and launched its after-hours clinic on select Wednesday afternoons and Saturdays, allowing more flexibility for clients.

St Albans' focus was supporting new patients to VAHS, as well as those who had not accessed medical services in more than five years, welcoming them back and prioritising their health and wellbeing.

Beyond health checks and clinical appointments, St Albans also focussed on community engagement and events, and expanding primary health care to include diabetes education, cardiology specialists, social and emotional wellbeing, youth alcohol and other drugs, family therapy, and continuity of Aboriginal healthcare and Family Engagement Program in prisons.

This bolstered St Albans' effort to build a robust returnee client basis and identify healthcare service gaps in the western metro area. Insights from this are being used to inform service planning, advocacy, and applications for additional funding to expand where required and enhance care delivery from this satellite clinic.

With the growing client base, St Albans grew its workforce, now employing two full time and one casual receptionist, five general practitioners (4.2 full time equivalent), and four nurses working a combined 3.2 full time equivalent.

VAHS St Albans is forming and expanding its partnerships with both Aboriginal and mainstream health services, such as dental care, allied health, specialist referrals, and mental health support, ensuring patients receive coordinated care across multiple sectors.

The clinic is also committed to securing sustainable funding sources to expend its lifetime, and advocating for policies that improve Aboriginal health. By working with local, state, and national partners to promote solutions that address health gaps and support better healthcare for Community.

To ensure quality and compliance remains integral at VAHS St Albans, the clinic and its staff are continuously enhancing internal processes and systems to ensure services meet the highest standards of care, safety and regulatory compliance. This includes regular audits, staff training and development, implementing evidence-based practices, and adhering to relevant standards and policies.

VAHS St Albans also works with colleagues from VAHS Fitzroy, Preston, and South Morang to ensure consistency across VAHS systems, best practices, and continued learning from one another.



SOUTH MORANG CLINIC

VAHS' newest satellite clinic, the South Morang clinic became operational for five days per week in 2024-25.

In its second full year of operations, South Morang expanded the accessibility of primary healthcare, across allied health, diabetes education, physiotherapy, osteopathy, and endocrinology specialist services, offering clients in Melbourne's north a range of essential health services.

South Morang created a health check model pathway, which leads to internal referrals to new health check patients, and encourages annual return follow-ups, keeping Community conscious of the importance of an annual health check.

During 2024-25, VAHS South Morang recruited three general practitioners (0.8 full time equivalent), two part time GP Registrars (0.8 FTE), three administration/reception staff (3 FTE), three Registered Nurses (3 FTE), an osteopath (0.2 FTE), one cleaner and one clinic manager. All recruitment was to support the growing demand of clients in Melbourne's north.

The clinic is also improving and growing partnerships with Aboriginal and mainstream health services, to offer new services including podiatry, physiotherapy, dental, mental, and specialist support.

To ensure all South Morang staff are prepared for this continuous growth, they have undergone regular MMEX training and Medicare training, to ensure they are upskilled on VAHS' systems, and to maximise Medicare claims to ensure more clients have access to VAHS services, regardless of their financial situation.

VAHS South Morang is pursuing funding opportunities to extend the clinic's life and ensured continued service delivery for Community. Continuing to provide culturally informed and high-quality health services is at the forefront of the entire team's approach to anything, no matter how big or small.





ORAL HEALTH UNIT





VAHS' Oral Health Unit is funded by Oral Health Victoria and provides general, emergency, and denture care to Community with a home base at VAHS Fitzroy, but also providing mobile services around Victoria in our dental van.

The dental van has continued to mobilise across key areas, attending Healesville Sanctuary and Ringwood in January seeing 27 patients, running an oral health information session and three day clinic at Yappera seeing 37 patients, attending VAHS St Albans in June seeing 20 patients, and VAHS South Morang and Preston in August 2025 seeing 22 patients.

The Oral Health Unit participates in the Smile Squad school dental program, which ensures all children attending state funded primary and secondary schools can have their treatment billed to Medicare, giving all families access to quality dental care.

The Smile Squad billing for school aged children increased by 20 per cent on the 2023/24 total of \$77,000, then improved again in 2024-25 billing \$91,000, representing an increase of 18 per cent.

VAHS Dental has representation on various governance committees, including Min Jae Kim attending the Quality and Clinical Governance Committee, Clinical Council, and Safety and Quality Committee at Oral Health Victoria, providing safe reporting to quality on a quarterly basis.

The Oral Health Unit has also implemented a quality management system, aligning individual staff development plans into a program plan to identify areas for improvement. This has included a regular feedback loop via Supervisions, team meetings, a leadership group, audits, and consistent communication flow across the program. The team now also has access to MMEx for ease of recording.

The unit hosted final year Bachelor of Oral Health and Doctor of Dental Surgery students from the University of Melbourne, as part of a valued partnership between VAHS and the university. This gave students valuable experience working in a metropolitan Aboriginal health service.



PREVENTATIVE HEALTH UNIT



The Preventative Health Unit delivers preventative health messages via Community programs, integrating a link back into primary healthcare settings, increasing the Victorian Aboriginal Community's engagement with preventative health and driving positive behavioural change.

The key campaign is VAHS' tackling Indigenous smoking initiative, The Koori Way, funded by the National Tackling Indigenous Smoking Program. VAHS has the only statewide tackling Indigenous smoking (TIS) project in Australia, and partners with the following Aboriginal Community Controlled Health Organisations (ACCHOs) to deliver a consistent approach, with a trusted local workforce:

- Ballarat Districts Aboriginal Co-operative
- Budja Budja Aboriginal Co-operative
- Dandenong and Districts Aboriginal Co-operative
- Dhauwurd-Wurrung Elderly and Community Health Service Inc.
- Goolum Goolum Aboriginal Co-operative
- Gunditjmara Aboriginal Co-operative
- Kirrae Health Service Inc.
- Lakes Entrance Aboriginal health Associates
- Mildura Districts Aboriginal Service
- Rumbalara Aboriginal Co-operative
- Wathaurong Aboriginal Co-operative
- Winda-Mara Aboriginal Co-operative

From these ACCHOs, there are 17 staff members split across the state, 13 of which are Aboriginal or Torres Strait Islanders, and there have been just two staff turnovers during this financial year, replaced by two new recruits.

The Preventative Health Unit invested heavily in professional and personal development, with two team members attending the World Conference on Tobacco Control in Dublin, Ireland during June, and 16 attending the National Tackling Indigenous Smoking Workshop in Darwin.

These events allowed for sharing the concepts being rolled out in Victoria and bringing home new inspiration for The Koori Way, including empowering presentations from First Nations Peoples from across the globe, including the Navajo People from the United States and Māori People from New Zealand.

The Koori Way's Community engagement and campaigns have been such a resounding success that the team granted two licenses for peer ACCHOs in South Australia and Tasmania to roll out their own versions of Flip The Vape, the five-week youth program, and video tutorials.

All The Koori Way activities are supported by an integrated digital system to capture Community engagement and participation, streamlining the entire state's data.





Community events

The Koori Way delivered 10 events across Victoria and attended 20 additional events to expand promotion opportunities. The total direct engagement with the public via community events was more than 6,500.



Flip The Vape

A statewide mass media campaign, The Koori Way delivered Flip The Vape, which delivered bold anti-vaping messaging through traditional media, advertising, and targeted social media between January and May 2025, with phase two slated for August to October 2025.

VAHS gathered 818 evaluation surveys from across Victoria, which demonstrated that 2 million Victorians were exposed to the campaign.

During this time, more than 2 million Victorians were exposed to the campaign, 85 per cent of which were First Nation Victorians. More than 60 per cent of First Nations campaign consumers stated that the campaign motivated them not to uptake vaping, and 75 per cent of current vapers stated the campaign has motivated them to think about quitting.



Tobacco and vaping video tutorials

The Koori Way delivered 2,652 video tutorials across the state. The video tutorials provide an audio and visual interactive resource, using light humour to engage with people on the risks of tobacco and vaping.



Five-week Youth Program

The Koori Way delivered 14 youth programs across Victoria, with 165 young people participating. The program was designed to engage with school based Aboriginal people over a five-week period, increasing their knowledge of the health, social, and financial impacts of smoking and vaping.

Mailing list

A total of 2,011 people in Victoria have joined The Koori Way's mailing list, to receive communications about tobacco and/or vaping, and chances to win exciting prizes.

The Koori Way also developed a range of exciting new partnerships, as well as maintained existing partnerships with external and mainstream organisations, within and outside of Victoria, to increase the program's reach and support other TIS teams across Australia:

- Bairnsdale Regional Unlimited Sports
- Carlton Football Club
- Cheetah Teamwear
- Fitzroy Stars Football Netball Club
- Flinders Island Aboriginal Association Inc.
- Koori Education Support Officers
- Mallee Tigers Football Netball Club
- Netball Victoria
- Quitline Victoria
- The South Australian West Coast ACCHO Network
- Southern Aboriginal Sports
- VicHealth
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Aboriginal Community Services Association Limited
- West Victoria Eels Community Club



WOMENS & CHILDREN'S UNIT

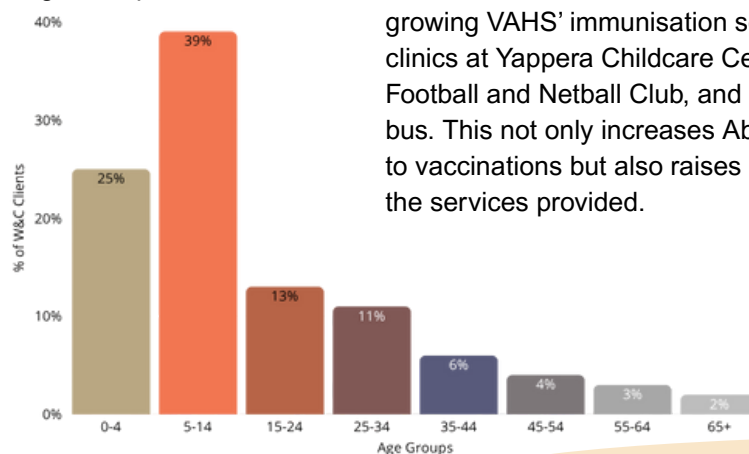
The Women's and Children's Unit provides a range of services, including two days of general practitioner services specifically for women and children, speech therapy, maternity care, maternal child health, women's health, Balert Gerrbik parenting and playgroups, Connected Beginnings, and paediatric services.

In 2024-25, the unit expanded its services beyond its home hub of VAHS Preston, employing an additional maternal and child health nurse at VAHS South Morang to service more clients living in the northern corridor, a registered nurse/midwife 0.3 FTE, and a full-time midwife in the Koori Maternity Services.

VAHS' maternal and child health nurses are broader members of the Women's and Children's Unit, allowing for joint consultations with other allied health professionals, such as paediatricians and speech pathologists. This integrated approach supports early intervention and promotes strong, healthy families through shared expertise and consistent care.

The Women's and Children's Unit provides a holistic service, maintaining strong connections with Community through other VAHS departments including Family Counselling Services and Koorie Kids. This is provided by a combination of formal and informal consultations, delivering wrap-around support that considers the entire family's wellbeing.

This begins with the Koori Maternity Services team filing all birth details from our newest Boorai as soon as they are born, and following up with new mum's for six-week postnatal checks through the Koori Maternity Services team, or with a VAHS general practitioner if preferred.



The Koori Maternity Services and maternal and child health nurses meet monthly to ensure a safe and timely client handover process.

Koori Maternity Services has attended two medical unit meetings to share industry updates to midwifery care and encourage referrals to the team for support.

The unit took the initiative to develop a partnership with Western Health, enabling clients who access general health services at VAHS St Albans to access maternity care at Western Health, while maintaining the culturally safe services of VAHS.

Women's and Children's works closely with the Balert Geerbik parenting support team to provide tailored parenting strategies and support, the Connected Beginnings team to link clients with early childhood services like kindergarten and school, ensuring they have the best possible start in life, and VAHS supported monthly playgroups for families to receive support in a relaxed, accessible, and fun environment.

Developing this service is an exciting ongoing project into the 2025-26 financial year, as is the recently started process of setting up a VAHS-backed service out of Bubup Childcare.

Existing partnerships with other mainstream services, including the Mercy Hospital and Royal Women's and Northern Hospital continuity of care programs and shared care programs were deepened and expanded, allowing for more women to seek care.

Other outreach work includes immunisation clinics, growing VAHS' immunisation services by providing clinics at Yappera Childcare Centre, Fitzroy Stars Football and Netball Club, and the BreastScreen Victoria bus. This not only increases Aboriginal Peoples' access to vaccinations but also raises awareness of VAHS and the services provided.

In addition to expanding services, the Women's and Children's Unit has focussed on continually improving its flexible and culturally safe consultations. This includes hour-long consultation slots providing clients with the time and space to explore their families' concerns in depth, with an Aboriginal Health Worker for Cultural safety, respectful and understanding support.

The team also provides extra appointments to address key concerns, such as breastfeeding and lactation support, child development and behaviour, sleep and setting, perinatal mental health, and family violence.

Beyond improvement for appointments, the unit has also prioritised improving processes for referrals, waiting lists, and creating a referral template for external stakeholders to refer into VAHS' women's and children's health services.

Members of the unit attended the Waves of Change conference in Brisbane, which provided education on reducing the risk of stillbirth during antenatal and intrapartum care. Team members are also slotted in to attend the VACCHO Immunisation Practitioners Course for further professional development about best immunisation practices.

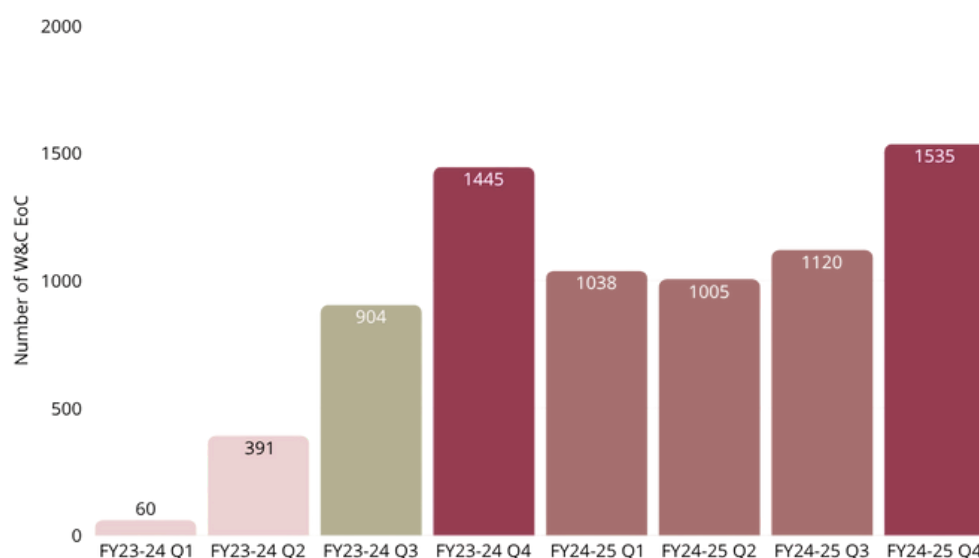
Other training included Mental Health First Aid, Marumali training, first aid training, and internal training for systems including Proda and MMEX.

The unit continues to advocate both for higher attendance and engagement with VAHS playgrounds, Balert Gerrbik, and the Women's Group, supported by the Media, Marketing, and Communications team, promoting activities via social media and newsletters.

During 2024-25, the Women's and Children's Unit secured the following funding:

- Out of home care funding, January 2025, which enables VAHS to hire three new positions within the unit
- Connect Beginnings funding expanded for another three years
- Lactation funding for 2024-2025

With plans to obtain further funding in 2025-26 and beyond, to enhance care for women, fathers, children, and carers.



FAMILY COUNSELLING SERVICES



VAHS' Family Counselling Services (FCS) Unit delivers culturally safe, Community-led support to Aboriginal and Torres Strait Islander families via programs including the VAHS Men's Group, parenting programs, financial counselling, Stolen Generation, mental health, domestic and family violence, and trauma.

During 2024-25, the FCS Unit expanded reach and enhanced systems to continuously grow sustainable and high-quality care focussed on healing, connection and Cultural strength.

FCS continued existing and introduced new programs focussed on cultural healing and Community engagement, strengthening Community cultural connections for improved emotional and spiritual wellbeing. This included the continuation of mobile outreach and telehealth services to ensure support for clients regardless of whether or not they could attend in-person sessions.

The unit strengthened Community integration by co-locating services with partner organisations to streamline access and improve VAHS clients' experiences. Additionally, FCS reviewed existing partnerships to ensure alignment with VAHS' vision and strategic goals, reinforcing the importance of partnerships and collaboration that drives meaningful outcomes for Community. FCS launched a new trauma-informed parenting program tailored specifically for Aboriginal families creating a responsive, culturally-safe environment, and expanded the unit's youth mental health services by introducing Culturally grounded peer support initiatives to foster engagement and resilience among young people.

The unit was successful in securing multi-year funding to sustain family violence prevention and early prevention programs, ensuring VAHS has long-term impact and stability in these essential spaces. This involved diversifying revenue streams through strategic partnerships and philanthropic support, providing financial resilience to continue these services.



Team members actively participated in state and national forums to advocate for Culturally safe mental health, contributed to policy submissions addressing family violence, youth wellbeing, and trauma recovery.

Cultural supervision and reflective practice were key priorities for 2024-25, strengthening the organisation's cultural safety, and staff development. This included professional development workshops for cultural safety, trauma-informed care, managing vicarious trauma, and resilience.

This focus extended to staff wellbeing, with peer support, wellbeing initiatives, and clinical supervision implemented to foster a supportive and sustainable work environment.

Staff also strengthened data governance, training in secure and Culturally respectful data handling practices. This aims to improve VAHS' transparency and decision making, tracking program performance and client outcomes via real-time reporting dashboards. The Unit also standardised intake and referral processes across all counselling programs, ensuring improved consistency and efficiency in service delivery.

Collaborating with other VAHS units was central to delivering holistic family wellbeing services, as well as leveraging client feedback and data analytics to constantly refine service delivery, enhance responsiveness, and improve overall outcomes for Community.

COMMUNITY PROGRAMS

VAHS' Community Programs Unit offers Community a range of services covering:

Allied health

Services provided to people who are aged 50-plus and funded under the Commonwealth Home Support program, people under 50 living with a disability or chronic health condition and under the Home and Community Care Program for Younger People, or those with NDIS and Home Care Packages, for services including:

- Podiatry
- Physiotherapy
- Occupational therapy
- Dietetics
- Community outreach nursing

Integrated Team Care Program

Funded by the North, West, and East Primary Health Networks, the Integrated Team Care program provides outreach services to assist clients with managing chronic health conditions. The program also offers a range of activities to support clients with their spiritual and emotional wellbeing, such as outings, and social events. Events ranged from the lunch club, mosaic making workshops, excursions to the cinema, jewellery making, carpet making, and weaving.

Social support groups

Deadly Elders Circus

A circus trainer from Nexus Circus works alongside VAHS' physiotherapist to deliver activities that help prevent falls and improve balance, in a fun environment, even putting on special performances at Circus Nexus Preston and the Lygon Street Festival.

Deadly Elders Games

A group of Elders who enjoy competitive games at Reservoir Seniors Hall, for both exercise and wellness, and social connection and emotional wellbeing.

Hydrotherapy

For the first time since the COVID-19 pandemic, VAHS' physiotherapist hosted hydrotherapy sessions held from January to April and July to September for clients aged 50-plus.

Elders "Lunch With Elvis" – Senior Citizens Week 2024

Funded by the Department of Families, Fairness, and Housing, Elders attended a lunch with an Elvis Presley tribute entertainer at Novotel Preston, with 100 per cent of regular VAHS Elders attending the event.

Healthy Eating for Diabetes

The team completed a six-week Healthy Eating for Diabetes program, providing advice from dietitians and Aboriginal Health Workers on managing diabetes through diet and tracking.



ELDER CARE SUPPORT PROGRAM

The Community Programs Unit has prioritised breaking down access barriers for Community, expanding service delivery to the Preston, South Morang, and St Albans sites, enabling clients to access services from their home clinic.

The Elder Care Support Team is now co-located across the South Morang and St Albans sites weekly, providing older Community members in the north and west with services and support. The Aboriginal Disability Liaison Officer is also co-located, at Preston and South Morang, supporting Community members applying for NDIS.

With 40 per cent of VAHS' allied health clients living in the Whittlesea or Darebin local government areas, the allied health team expanded into the South Morang clinic on a fortnightly basis. Now, northern based clients can attend physiotherapy, dietetics, and podiatry appointments closer to home.

In addition to expanding services across VAHS' satellite clinics in the north and west, the team has negotiated service agreements with more than 25 Home Care Package providers to invoice packages for VAHS delivered allied health services, and delivers allied health to the following NDIS participants:

- Australian Catholic University
- Brotherhood of St Laurence
- East Melbourne Primary Health Network
- La Trobe University
- Nexus Circus
- North West Primary Health Network
- RMIT University

The team has focussed on upping Community engagement and awareness, particularly with changes to Aged Care coming into effect Australia-wide from November 2025.

Elder Care Support presented to the Royal Melbourne Hospital about VAHS' services and assisting clients accessing aged care, and VAHS' Aboriginal Disability Liaison Officer presented at the NACCHO members conference about the cultural safety assessment tool and improving processes to meet aged care and disability standards.

VAHS staff have worked with Home Care Packages partners Australian Catholic University, La Trobe University, and RMIT University to provide cultural awareness training and/or cross-cultural for currently studying occupational therapy, podiatry, dietetics, and pharmacy students, and hosted Aboriginal Occupational Therapy and podiatry students for their six-week field education training.

VAHS also worked with La Trobe to build the university's Aboriginal Health and Dietetics curriculum, cross cultural training to external aged care providers from across metropolitan Melbourne, put on a cultural information session with Musculoskeletal Health Australia, information sessions about VAHS and Aboriginal Culture to Waratah Special Development School in Bellfield, and an Elder Care Support stall at The Long Walk.

As well as supporting mainstream and educational institutions, the Community Programs Unit has also focussed on personal development of our own staff. This included webinars to remain updated on Aged Care Reforms, allied health professional development for calorie counting, chronic pain management, advance clinical pain, and gastrointestinal disordered eating, Community Programs staff attending training on identifying autism in older adults, Elder Care Support training on dementia and brain health, and CPR and First Aid training.



NDIS Access Service

VAHS' Aboriginal Disability Liaison Officers assist Community members living with disability to access National Disability Insurance Scheme (NDIS) packages. VAHS officers provide information on eligibility, as well as guidance and support to general practitioners and other treating health professionals with NDIS applications.



CENTRALISED SERVICES

VAHS' Public Intoxication Response (PIR) – Centralised Services unit was formed in November 2023 as one of the key recommendations of the 1991 Royal Commission into Aboriginal Deaths in Custody. This statewide initiative replaced a criminal response with a health-based one.

PIR delivers safe, immediate, short-term support for people recovering from a state of intoxication. While the program was started to support Aboriginal and Torres Strait Islander People, it supports the entire population, Aboriginal and non-Aboriginal.

VAHS' Centralised Services team oversees intake, referral, and dispatch line for all of Victoria, 24 hours a day, seven days a week, conducting assessments via calls from first responders, health services and other stakeholders, dispatching teams to the relevant region to support the person in need.

Approaching two years of the program in 2025, Centralised Services marks working collaboratively with five other Aboriginal Community Controlled Organisations and one mainstream organisation across 10 targeted areas in Victoria.

During 2024-25, Ballarat and Geelong expanded its service hours, joining the metropolitan service as operational 24/7. Sites in Bendigo, East Gippsland, Latrobe Valley, Mildura, Shepparton, and Swan Hill also moved to a similar model. Eight of the ten sites are now equipped with operational sober up centres, and two more sites are nearing completion to introduce these assets for further support.

Since the program's inception, Centralised Services has:

- Received 6,471 calls
- Supported 2,981 Victorians, through safe sobering facilities or transporting them to a place of safety known to them
- Of the 2,981 people supported, 775 were Aboriginal or Torres Strait Islander
- Built a team consisting of a manager, cultural lead, clinical lead and 23 call operators, with 50 per cent of staff being Aboriginal
- Centralised Services also included a 24-hour alcohol and other drug advice line. Despite being outside the initial scope of the program, it has been a resounding success, preventing overdoses and allowing quick advice to first responders, concerned family members, and other outreach services.

With PIR funding ceasing in November 2026, the team is now entering the evaluation phase, in which it will provide clear evidence of the impact and outcomes of the program, demonstrating its critical need for continuation.

Beyond the funding period, Centralised Services will collaborate with partners to maintain strong engagement, ensuring continued awareness of the program's value.



COMMUNITY JUSTICE PROGRAMS

Family Engagement Program

The Family Engagement Program (FEP) and Aboriginal Family Visit Program (AVFP) are new VAHS initiatives launched out of VAHS St Albans in September 2024.

Focussing on the priority areas of kinship and family engagement, the purpose of these initiatives is to address offending behaviours of Aboriginal people in prison and reduce the likelihood of reoffending through family, kinship, and Culture, and helping people reintegrate into Community upon release from prison.

The program also connects with their families within the Barwon precinct (Karreenga Correctional Centre, Marngoneet Correctional Centre, and the Metropolitan Remand Centre), grounded in principles of the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing.

Since its induction, the FEP program has:

- Supported 27 Aboriginal men with case management to reengage with their families, including children involved with Child Protection
- Supported 29 Aboriginal families with material aid including accommodation, petrol, and food while visiting a family member in a Victorian prison
- Supported and advocated for Community members at three Aboriginal family led decision meetings
- Facilitated five yarning circles with respected Community Elders
- Facilitated referrals to specialised areas within Community

The program will be funded by the Department of Justice and Community Safety under the Kaka Wangity Wangin-Mirrie Cultural Program Grant Scheme until 30 June 2027. In addition to mental health, family, and kinship support, it provides practical support for the Aboriginal Family Visits Program, including accommodation, petrol, and food vouchers.

FEP case study

The FEP program commenced working with an Aboriginal father of three young boys.

One of the boys, aged three, has been in an out of home care placement with a non-Aboriginal carer since his birth, due to being removed from the care of his birth mother by child protection while his father was serving a prison sentence.

FEP supported this father by advocating for the Aboriginal Family Led Decision Making Meeting to happen for the paternal side.

This child is now in the process of being transitioned from the placement of a carer, to his paternal grandparents' care.

The FEP has been supported the child's paternal grandparents to attend his father's prison monthly, allowing the father and son to reconnect and build on their connection and relationship.

Continuity of Aboriginal Healthcare program

VAHS also commenced the Continuity of Aboriginal Healthcare (CoAHC) program in February 2025, thanks to funding received from the GEO Group to provide discharge planning and post-release support for Aboriginal people in prisons.

The prison health system is incredibly complex, and has failed to meet Aboriginal and Torres Strait Islander people's needs, failing to address Cultural, spiritual, and social aspects of care. This is why the program aims to:

- Ensure Aboriginal people in prison receive Culturally safe, holistic healthcare that address physical, mental, social, emotional, and spiritual wellbeing
- Advocate for and support Aboriginal people accessing health services they require, both in prison and upon release
- Reduce disruption to healthcare while incarcerated, by developing strong connections with ACCHOs and mainstream health services
- Provide Culturally appropriate education on self-care, chronic disease management, and health literacy, empowering individuals to manage their own health
- Reduce recidivism by addressing underlying health and social determinants contributing to reoffending
- Strengthen Aboriginal peoples' connection to their Communities, promoting social reintegration and improved wellbeing

Since its inception, the program has:

- Visited all 14 men's prisons in Victoria
- Provide Aboriginal men in prisons with information about services and support available to them
- Engaged with Aboriginal health practitioners, wellbeing officers, liaison officers, health staff, assessment and transition coordinators to obtain referrals
- 14 referrals in the first few weeks of the program
- A forecast of another 30 referrals in coming months due to pending releases
- Program participants remaining engaged with their health and booking medical appointments post release

The CoAHC is aligned with the National Close the Gap strategy, prioritising Culturally safe, continuous, and accessible healthcare to improve outcomes for Aboriginal and Torres Strait Islander people, breaking the cycle of disadvantage, to lessen the risk of relapse, reoffending, untreated health conditions, and preventable hospitalisations.

The CoAHC program is funded until 30 June 2026, with an extension term on the contract until 30 June 2028.

CoAHC case study

An Aboriginal man who was incarcerated for more than 10 years was approved for parole and housed off Country with limited supports.

Within days of release, he was struggling with his mental health and called the CoAHC phone line.

A VAHS worker spoke to the man and arranged to travel to Phillip Island to meet with him and take him to a local GP clinic. The worker assisted him with registering at the GP clinic and booking an appointment, with which the man engaged well, and remained in contact with the worker.

As part of the program, the GP completed a health check during the appointment, where they examined a suspicious mole on his back and took a biopsy.

The biopsy results came back as a melanoma, a diagnosis the man reported feeling scared of.

The worker attended an appointment at the Peter MacCallum Cancer Centre to offer support and link him in with the Aboriginal Liaison Officer and a cancer support group, providing him with a wrap around support service.

Throughout his time at Peter MacCallum and the related follow up procedures, he felt supported and has been given the all-clear.

Without the CoAHC's support, the outcome for this man may have been very different.

Victorian Aboriginal Health Service Co-operative Limited

ABN: 51 825 578 859

Financial Statements

For the Year Ended 30 June 2025

Victorian Aboriginal Health Service Co-operative Limited

ABN: 51 825 578 859

Contents
For the Year Ended 30 June 2025

	Page
Directors' Report	1
Auditor's Independence Declaration under Section 307C of the Corporations Act 2001	6
Statement of Profit or Loss and Other Comprehensive Income	7
Statement of Financial Position	8
Statement of Changes in Equity	9
Statement of Cash Flows	10
Notes to the Financial Statements	11
Directors' Declaration	24
Independent Audit Report	25

Victorian Aboriginal Health Service Co-operative Limited

ABN: 51 825 578 859

Directors' Report

30 June 2025

This report presents an overview of the activities, financial results, and governance matters for the Victorian Aboriginal Health Service Co-operative Limited ('the Co-operative') for the financial year ended 30 June 2025. .

Directors

The following individuals served as directors during or since the end of the financial year: Tony McCartney, Stacey Brown, Ronald Briggs, Shelley Williams, Andrew Morrison, Helen Kennedy, Brodie Cook, Brad Brown, Jessica Mitchell and Kaelun Brown.

Review of operations

For the 2024-25 financial year, the Co-operative recorded an operating surplus of \$ 2,406,583 due to capital improvements, there was a significant increase compared to the surplus of \$27,202 in 2023-24.

Revenue grew by 21.35%, reaching \$46.08 million, while expenditure also increased by 15.10% to \$43.67 million.

Dividends

No dividends have been paid or recommended during the year. Additionally no shares were issued during the reporting period.

Proceedings on behalf of the co-operative

There were no applications made for leave of Court to bring proceedings on behalf of the Co-operative, nor were there any interventions in proceedings involving the Co-operative. The Co-operative did not party to any such proceedings during the year.

Matters subsequent to the end of the financial 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, its results, or its state of affairs in future financial years.

Environmental regulation

The Co-operative's operations are not subject to any significant environmental regulations Commonwealth, State, or Territory law.

Indemnity and insurance of officers or auditor

No indemnities were granted, nor were any 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.

Principal activities

The principal activity of the Co-operative during the financial year was the provision of health services to indigenous communities within the State of Victoria. These services were primarily funded by grants from government agencies. All information provided covers the consolidated programs operated by the Co-operative, and there was no significant change in the nature of these activities during the year.

The Co-operative remained focused on growth throughout the year, with a strong commitment to meeting the expanding needs of the community. Key initiatives included the implementation of new capital upgrades and the commencement of a trial program for aged care funding.

Significant changes in the state of affairs

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

Directors' Report

30 June 2025

Information on directors

Directors have been in office since inception to the date of this report unless otherwise stated.

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

Tony McCartney
Chairperson

Elected office bearer
18 December 2023

Tony's heritage originates from the Wotjobaluk tribe in the western part of Victoria on his great Grandfathers side and from his great Grandmothers side which is the Nari Nari tribe that comes from Lake Mungo in New South Wales.

A father to five sons, four daughters and grandfather to ten grandchildren.

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

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

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

Stacey Brown
Treasurer

Elected office bearer
18 December 2023

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

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

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

Ronald Briggs
Deputy Chairperson

Elected office bearer
18 December 2023

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

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

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

Victorian Aboriginal Health Service Co-operative Limited

ABN: 51 825 578 859

Directors' Report

30 June 2025

Information on directors (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

Andrew Morrison is a proud Gunditjmara man with more than 25 years of experience dedicated to strengthening the health, wellbeing, and cultural safety of Aboriginal people, families, and communities. His career spans government, mainstream, and Aboriginal community-controlled sectors, always guided by his commitment to self-determination and community leadership.

Andrew is currently employed as the Aboriginal Employment and Cultural Safety Advisor at Northern Hospital Epping, where he leads initiatives to increase Aboriginal employment, embed cultural safety, and support safe and respectful care for mob accessing health services. He holds a Diploma of Aboriginal Welfare and a Certificate IV in Training and Assessment, and has completed management and governance programs, including through the Institute of Community Directors Australia.

Andrew is actively involved in several community leadership roles. He is a member of the Whittlesea Aboriginal Gathering Place Advisory Group and the Northern Health Aboriginal Advisory Committee. He also serves as a Board Member of **3KND Kool 'N' Deadly**, Victoria's only Aboriginal radio station, which amplifies Aboriginal voices and keeps culture strong across community.

A strong advocate for cultural safety, Aboriginal leadership, and self-determination, he remains committed to the ongoing legacy of VAHS as a community-controlled organisation built by our Elders and sustained by the staff, families, and community who continue to drive better health outcomes for our people.

Helen Kennedy
Director

Helen is a proud descendant of the Trawlwoolway and Plaimairrener 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.

Victorian Aboriginal Health Service Co-operative Limited

ABN: 51 825 578 899

Directors' Report

30 June 2025

Information on directors (continued)

Brodie Cook
Director
Coopted 27 June 2024

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

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

Brad Brown
Director

I'm a proud 57-year-old Aboriginal man – (Gunditjmarra) and Irish descendant (County of Clare). I have 6 children and 11 grandchildren which I hold family values strongly.

Growing up in Melbourne with my 5 older brothers and growing up in the Aboriginal community, I have primarily worked in Aboriginal health for 35 years. Included in this journey, since the age of 16 years of age, I have and still are involved in music, bands, and song writing. My music history has included bands such as Dr Koori, Watbalimba and Blackfire. I am now proudly playing bass with Dave Arden. Also, I involve myself with other community members in support of their music songlines. I enjoy a healthy lifestyle via yoga, enjoy the outdoors, socializing, family time and particularly music.

Jessica Mitchell
Director

Jessica Mitchell is a proud Gunditjmarra and Wemba Wemba woman, wife and mother of 2 living and working on Wurundjeri Country in Naarm (Melbourne). With over a decade of experience in the Aboriginal Community Controlled Health Sector, Jess has dedicated her career to improving health outcomes for Aboriginal and Torres Strait Islander communities.

Her work as an Aboriginal Health Practitioner in both clinical and leadership roles at the Victorian Aboriginal Health Service and Wathaurong Aboriginal Co-operative has strengthened her passion for preventative health and her commitment to empowering mob to lead their own health journeys through self-determination. Jess currently serves as the Executive Manager, Workforce Development at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), where she supports Aboriginal Community Controlled Organisations (ACCOs) across Victoria to address workforce challenges and strengthen culturally safe models of care.

In addition to her executive role, Jess contributes her expertise to a few boards. She is a Victorian Practitioner Representative on the Aboriginal and Torres Strait Islander Health Practice Board of Australia (AHPRA) and a Board Director for both the Victorian Aboriginal Health Service (VAHS) and Yappera Children's Service Cooperative, where she also serves as Treasurer.

Victorian Aboriginal Health Service Co-operative Limited

ABN: 51 825 578 859

Directors' Report

30 June 2025

During the financial year, 7 meetings of directors were held, details of which are as follows:

Attendees were:
Director

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

Directors' meetings	
Number eligible to attend	Number of meetings attended
7	6
7	6
7	6
4	2
7	7
4	3
4	2
3	2
3	3
0	0

Auditor's independence declaration

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

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



Anthony McCartney
Chairperson



Stacey Brown
Treasurer

Dated this 13th day of November 2025

**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 2025 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.

Bentleys Audit (Victoria) Pty Ltd.

Bentleys Audit (Victoria) Pty Ltd



Matthew Forbes
Partner

Hawthorn
13 November 2025

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2025

		2025	2024
	Note	\$	\$
Revenue from operating activities	2	44,894,920	36,665,019
Revenue from non-operating activities	2	1,183,578	1,306,034
		46,078,498	37,971,053
Employee benefits expense		(31,398,316)	(27,905,439)
Depreciation and amortisation expense	4	(1,504,850)	(1,727,382)
Communications expense		(575,703)	(331,306)
Travel and accommodation expense		(700,455)	(400,830)
Medical and dental supplies		(767,275)	(779,626)
Repairs and maintenance		(226,216)	(376,173)
Cleaning expense		(130,403)	(113,789)
Professional and consulting fees		(976,900)	(788,571)
Computer software		(922,123)	(735,084)
Rent and rates		(9,949)	(150,794)
Computer services		(608,888)	(518,668)
Electricity usage		(113,130)	(109,322)
Program specific expenses		(4,220,950)	(2,297,980)
Motor vehicle expenses		(280,013)	(274,386)
Photocopy and stationary expenses		(67,028)	(68,209)
Food supplies		(126,161)	(101,948)
Materials and stores		(52,315)	(52,669)
Interest on lease liabilities		(101,576)	(60,912)
Other expenses		(889,664)	(1,150,763)
Surplus for the year		2,406,583	27,202
Other comprehensive income - changes in asset revaluation reserves	8(b)	-	1,168,778
Total comprehensive income		2,406,583	1,195,980

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 2025

	Note	2025 \$	2024 \$
Assets			
<i>Current assets</i>			
Cash and cash equivalents	5	11,278,988	1,474,608
Financial assets	6	3,900,000	13,681,817
Trade and other receivables	7	1,395,906	964,302
Total current assets		<u>16,574,894</u>	<u>16,120,727</u>
<i>Non-current assets</i>			
Property, plant and equipment	8	16,506,136	15,088,760
Total non-current assets		<u>16,506,136</u>	<u>15,088,760</u>
Total assets		<u>33,081,030</u>	<u>31,209,487</u>
Liabilities			
<i>Current liabilities</i>			
Trade and other payables	9	9,262,839	9,714,100
Lease liabilities	10	566,000	390,108
Provisions	11	3,397,078	3,053,605
Total current liabilities		<u>13,225,917</u>	<u>13,157,813</u>
<i>Non-current liabilities</i>			
Lease liabilities	10	2,340,238	2,967,401
Provisions	11	277,787	253,768
Total non-current liabilities		<u>2,618,025</u>	<u>3,221,169</u>
Total liabilities		<u>15,843,942</u>	<u>16,378,982</u>
Net assets		<u>17,237,088</u>	<u>14,830,505</u>
Equity			
Contributed equity		531	531
Reserves	12	6,713,121	6,713,121
Retained surplus		10,523,436	8,116,853
Total equity		<u>17,237,088</u>	<u>14,830,505</u>

The accompanying notes form part of these financial statements.

Victorian Aboriginal Health Service Co-operative Limited

ABN: 51 623 576 930

Statement of Changes in Equity
For the Year Ended 30 June 2025

2025

Balance at 1 July 2024
Surplus for the year
Other comprehensive income
Balance at 30 June 2025

Contributed Equity	Reserves	Retained Surplus	Total
\$	\$	\$	\$
531	6,713,121	8,116,853	14,830,505
-	-	2,406,583	2,406,583
-	-	-	-
531	6,713,121	10,523,436	17,237,088

2024

Balance at 1 July 2023
Surplus for the year
Other comprehensive income
Balance at 30 June 2024

Contributed Equity	Reserves	Retained Surplus	Total
\$	\$	\$	\$
531	5,544,343	8,089,851	13,634,525
-	-	27,202	27,202
-	1,168,778	-	1,168,778
531	6,713,121	8,116,853	14,830,505

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the Year Ended 30 June 2025

		2025	2024
	Note	\$	\$
Cash flows from operating activities			
Grants received and operating activities	3	44,399,154	33,585,313
Interest received		620,877	870,639
Interest paid on lease liabilities		(101,576)	(60,912)
Other receipts		4,151,839	2,513,186
Payments to suppliers and employees		(47,035,931)	(38,635,060)
Net cash provided by/(used in) operating activities	16	<u>2,034,363</u>	<u>(1,726,834)</u>
Cash flows from investing activities			
Net transfers (to) / from bank term deposits		9,781,817	(31,817)
Proceeds from disposal of plant and equipment		65,377	226,559
Payments for property, plant and equipment		(1,600,659)	(972,372)
Net cash provided by/(used in) investing activities		<u>8,246,535</u>	<u>(777,630)</u>
Cash flows from financing activities			
Payment for lease liabilities		(476,518)	(332,939)
Net cash provided by/(used in) financing activities		<u>(476,518)</u>	<u>(332,939)</u>
Net increase/(decrease) in cash held		<u>9,804,380</u>	<u>(2,837,403)</u>
Cash and cash equivalents at beginning of year		1,474,608	4,312,011
Cash and cash equivalents at end of the year	16	<u>11,278,988</u>	<u>1,474,608</u>

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2025

1 Summary of Material Accounting Policy Information

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

Basis of Preparation

The financial report covers Victorian Aboriginal Health Services Co-operative Limited ('the Co-operative') 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 185 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.

Notes to the Financial Statements
For the Year Ended 30 June 2025

1 Summary of Material Accounting Policy Information (continued)

(b) Property, plant and equipment (continued)

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. Those gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

(c) Leases

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

(d) Employee benefits

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

Notes to the Financial Statements

For the Year Ended 30 June 2025

1 Summary of Material Accounting Policy Information (continued)

(e) Revenue

Victorian Aboriginal Health Service Co-operative Limited
ABN: 51 825 578 859

Notes to the Financial Statements
For the Year Ended 30 June 2025

1 Summary of Material Accounting Policy Information (continued)

(e) Revenue

Grants and donations

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

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

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

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

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example AASB 9, AASB 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.

contract is

tions, the Co-

plicable

ents, provisions,

g amount of the

me in profit or

lial carrying
, lease liability,
omer)

bligations under

13

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

Notes to the Financial Statements

For the Year Ended 30 June 2025

1 Summary of Material Accounting Policy Information (continued)

(a) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand and short-term investments (less than 3 months until maturity) which are readily convertible to known amounts of cash and subject to an insignificant risk of change in value. Any longer term investments are shown as financial assets in the Statement of Financial Position.

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

Notes to the Financial Statements

For the Year Ended 30 June 2025

2 Revenue

	2025	2024
	\$	\$
Revenue from operating activities - Grants and program revenue		
<i>Commonwealth Government departments, funded agencies and authorities</i>		
Department of Health, Disability and Ageing - Federal	14,205,719	11,764,278
Services Australia		
Medicare	2,367,833	1,791,473
Practice Incentive Programs	126,406	65,446
Department of Social Services	136,424	125,740
Other	265,000	-
<i>Grants and program revenue from other Commonwealth funded agencies and authorities:</i>		
Eastern Melbourne Primary Health Network	189,509	172,117
North Western Melbourne Primary Health Network	1,842,740	1,771,054
Department of Jobs, Precincts and Regions	206,464	314,997
	19,340,095	16,005,105
<i>Victorian Government departments, funded agencies and authorities</i>		
Department of Education	433,921	468,639
Department of Health	15,167,795	13,297,187
Department of Family, Fairness and Housing (DFFH)	1,447,962	1,425,800
Department of Premier and Cabinet	2,220,356	1,080,895
Victorian Responsible Gambling Foundation	-	350,336
Baptcare	115,468	151,285
Dental Health Services Victoria	1,525,672	1,445,376
	20,911,174	18,219,318
<i>Non-Government program revenue</i>		
Youth Support and Advocacy Service - Bunjilwarra	1,443,554	1,380,089
Royal Australian Colleges of Physicians	139,775	170,280
Other Non-Government program revenue	3,060,322	890,227
	4,643,651	2,440,596
Total Revenue from operating activities	44,894,920	36,665,019
Revenue from non-operating activities		
Donations	61,665	68,268
Interest received	620,877	870,639
Gain on sale of fixed assets	35,201	60,596
Sundry sales and income	465,835	306,531
Total Revenue from non-operating activities	1,183,578	1,306,034

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.

Notes to the Financial Statements

For the Year Ended 30 June 2025

3 Grants

	2025 \$	2024 \$
Grants and program revenue received during the financial year comprise:		
<i>Commonwealth Government departments, funded agencies and authorities</i>		
Department of Health, Disability and Ageing - Federal	12,969,856	11,397,860
Services Australia		
Medicare	2,367,833	1,791,473
Practice Incentive Programs	126,406	65,446
Department of Social Services	463,056	129,130
Other - Department of Premier and Cabinet	1,806,032	1,062,688
<i>Grants and program revenue from other Commonwealth funded agencies and authorities:</i>		
Eastern Melbourne Primary Health Network	629,300	226,851
North Western Melbourne Primary Health Network	1,654,795	1,771,054
Other	40,000	122,016
	20,057,278	16,566,518
<i>Victorian Government departments, funded agents and authorities</i>		
Department of Health	16,507,892	9,959,889
Department of Family, Fairness and Housing (DFFH)	1,335,002	1,050,053
Department of Education	500,042	401,733
Department of Justice and Community Safety	444,969	665,562
Victorian Responsible Gambling Foundation	-	48,938
Dental Health Services Victoria	1,525,672	1,445,376
	20,313,577	13,571,531
<i>Non-Government program revenue</i>		
Youth Support and Advocacy Service - Bunjilwarra	1,443,554	1,380,089
Royal Australian Colleges of Physicians	139,775	170,280
Other Non-Government program revenue	2,444,970	1,896,895
	4,028,299	3,447,264
Total Grants and program revenue received	44,399,154	33,585,313

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. The amounts above represent the actual amounts received during the year, prior to adjustments for AASB 15 Revenue from Contracts with Customers.

Notes to the Financial Statements

For the Year Ended 30 June 2025

4 Depreciation and Amortisation Expense

	2025	2024
	\$	\$
Surplus for the year has been determined after:		
Depreciation of property, plant and equipment	876,743	1,379,703
Amortisation of right of use assets	628,107	347,679
Total depreciation and amortisation	<u>1,504,850</u>	<u>1,727,382</u>

5 Cash and Cash Equivalents

	2025	2024
	\$	\$
Cash on hand		
Non-Interest bearing	800	800
Interest bearing	11,278,188	1,473,808
	<u>11,278,988</u>	<u>1,474,608</u>

	2025	2024
	\$	\$

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	<u>6,756,397</u>	<u>7,685,712</u>
Cash and cash equivalents and financial assets - Specific purposes	<u>6,756,397</u>	<u>7,685,712</u>

Other cash and financial assets

Cash and cash equivalents and financial assets - Other purposes	<u>8,422,591</u>	<u>7,470,713</u>
---	------------------	------------------

6 Financial Assets

	2025	2024
	\$	\$
Term deposits	3,900,000	13,681,817
	<u>3,900,000</u>	<u>13,681,817</u>

7 Trade and Other Receivables

	2025	2024
	\$	\$
Trade debtors	985,845	536,449
Sundry debtors	410,061	427,853
	<u>1,395,906</u>	<u>964,302</u>

Victorian Aboriginal Health Service Co-operative Limited

ABN: 51 525 578 959

Notes to the Financial Statements

For the Year Ended 30 June 2025

8 Property, Plant and Equipment

	2025	2024
	\$	\$
Land at independent valuation	5,225,000	5,225,000
Freehold building at independent valuation	2,975,000	2,975,000
	2,975,000	2,975,000
Furniture and equipment at cost	1,744,732	1,512,802
Less: accumulated depreciation	(1,112,088)	(961,562)
	632,644	551,240
Motor vehicles at cost	2,087,681	1,737,294
Less: accumulated depreciation	(1,041,854)	(748,301)
	1,045,827	988,993
Work in progress	139,797	137,803
Leasehold buildings at independent valuation	1,650,000	1,650,000
Leasehold buildings at cost	1,455,270	531,479
Less: Accumulated depreciation	(683,759)	(313,476)
	2,421,511	1,868,003
Right-of-Use Assets (ROU)	5,140,789	3,765,574
Less: accumulated depreciation	(1,074,432)	(422,853)
	4,066,357	3,342,721
Copyright of floor design at cost	20,000	20,000
Less: accumulated depreciation	(20,000)	(20,000)
	-	-
Total property, plant and equipment	16,506,136	15,088,760

Victorian Aboriginal Health Service Co-operative Limited

ABN: 91 825 578 050

Notes to the Financial Statements For the Year Ended 30 June 2025

8 Property, Plant and Equipment (continued)

(a) Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land \$	Freehold Buildings \$	Furniture & Equipment \$	Motor Vehicles \$	Work in Progress \$	Leasehold Buildings \$	Right-of-Use - Assets \$	Total \$
Year ended 30 June 2025								
Balance at the beginning of year	5,225,000	2,975,000	551,240	888,893	137,893	1,868,603	3,342,721	15,088,760
Additions	-	-	231,930	442,844	1,894	923,791	758,076	2,358,735
Disposals	-	-	-	(30,176)	-	-	-	(30,176)
Modifications to lease	-	-	-	-	-	-	583,667	583,667
Depreciation expense	-	-	(150,526)	(355,834)	-	(370,283)	(528,107)	(1,804,850)
Balance at the end of the year	5,225,000	2,975,000	632,644	1,045,827	139,797	2,421,511	4,066,357	16,508,136

(b) Asset revaluation

The Board valuations of the Co-operative's freehold and leasehold land and buildings were based on independent valuations conducted by Julian Veimarbida Certified Practising Valuer of Wallace Commercial (Vic) Pty Ltd. The properties situated at 185 Nicholson Street, Fitzroy, Victoria, 654-688 Smith Street, Clifton Hill, Victoria and 238-250 Plenty Road, Preston, Victoria were revalued on 30 June 2024. It is the opinion of the directors that the valuations performed in June 2024 are a fair reflection of the value of the land and buildings at 30 June 2025.

Victorian Aboriginal Health Service Co-operative Limited

ABN: 51 825 578 859

Notes to the Financial Statements

For the Year Ended 30 June 2025

9 Trade and Other Payables

	2025	2024
	\$	\$
Trade payables	1,118,813	396,257
Accruals	1,273,020	1,373,474
GST payable	114,609	258,657
Unexpended grants and grants received in advance (a)	6,756,397	7,685,712
	<u>9,262,839</u>	<u>9,714,100</u>

(a) *Unexpended grants and grants received in advance:*

Unexpended grants are grants received on or before 30 June 2025 for which plans have been established for utilisation on or before 30 June 2025. Grants received in advance are grants received in the year to 30 June 2025 to be used in the year to 30 June 2026.

	2025	2024
	\$	\$
Commonwealth Government	1,270,277	3,943,008
Victorian Government	4,401,285	2,658,351
Other non-government program revenue	1,084,835	1,086,353
Total unexpended grants and grants received in advance	<u>6,756,397</u>	<u>7,685,712</u>

10 Lease Liabilities

	2025	2024
	\$	\$
<i>Current</i>		
Lease Liabilities	<u>566,000</u>	<u>390,108</u>
	2025	2024
	\$	\$
<i>Non-current</i>		
Lease Liabilities	<u>2,340,238</u>	<u>2,967,401</u>

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

	< 1 year	1 - 5 years	> 5 years	Total undiscounted lease liabilities	Lease liabilities included in this Statement Of Financial Position
	\$	\$	\$	\$	\$
2025					
Lease liabilities	621,039	1,709,497	920,724	3,251,260	2,906,238
2024					
Lease liabilities	532,849	1,832,441	1,644,901	4,010,191	3,357,509

Notes to the Financial Statements

For the Year Ended 30 June 2025

11 Provisions

	2025	2024
	\$	\$
<i>Current</i>		
Provision for annual leave	2,231,315	1,957,715
Provision for long service leave	1,165,763	1,095,890
	<u>3,397,078</u>	<u>3,053,605</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.

	2025	2024
	\$	\$
<i>Non-current</i>		
Provision for long service leave	<u>277,787</u>	<u>253,768</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(d).

12 Reserves

Building Project

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

Capital Reserve

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

13 Auditors' Remuneration

	2025	2024
	\$	\$
Audit fees for auditing the financial statements	37,000	35,900
	<u>37,000</u>	<u>35,900</u>

Notes to the Financial Statements

For the Year Ended 30 June 2025

14 Key Management Personnel Remuneration

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

	2025	2024
	\$	\$
Salary	1,097,070	1,181,948
Superannuation	120,178	120,874
	<u>1,217,248</u>	<u>1,302,822</u>

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.

16 Cash Flow Information

(a) Reconciliation of Cash

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

	2025	2024
	\$	\$
Cash on hand and at bank	<u>11,278,988</u>	<u>1,474,608</u>

(b) Reconciliation of Cash Flow from Operations with surplus for the year

	2025	2024
	\$	\$
Surplus for the year	2,406,583	27,202
Non-cash flows in surplus:		
Depreciation and amortisation	1,504,850	1,727,382
Profit on sale of asset	(35,201)	(60,596)
Changes in assets and liabilities:		
Increase in trade and other receivables	(431,604)	(464,441)
Decrease in trade and other payables	(1,777,757)	(3,500,831)
Increase in provisions	367,492	544,450
Net cash provided/(used in) by operating activities	<u>2,034,363</u>	<u>(1,726,834)</u>

Notes to the Financial Statements

For the Year Ended 30 June 2025

17 Lease Commitments

The Co-operative has lease commitments in relation to office equipment and the clinics at South Morang and Bell Street for Admin support & CTG roles which are recognised as right-of-use assets and lease liabilities on the Co-operative's balance sheet as at 30 June 2025.

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, paid in advance, for a 99 year term commencing 1 May 1988 and 1 January 1992 respectively.

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

18 Events Occurring After the Reporting Period

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.

19 Contingent Liabilities

In the opinion of the Directors, the Co-operative did not have any contingencies at 30 June 2025 (30 June 2024:None).

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 7 to 23:
 - 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 2025 of the Co-operative and its 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.

Director S Brown

Director Anthony McIntyre

Dated this 13th day of November 2025

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

Opinion

We have audited the financial report of Victorian Aboriginal Health Service Co-operative Limited ('the Company'), which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of material accounting policy and other explanatory information, and the directors' declaration.

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

- (a) giving a true and fair view of the Company's financial position as at 30 June 2025 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 the *Australian Charities and Not-for-profits Commission Regulations 2022*.

Basis for Opinion

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

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

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

Responsibilities of the Directors for the Financial Report

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

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



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



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

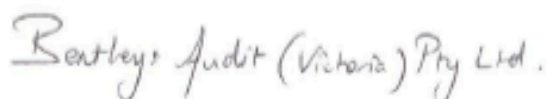
Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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



Bentleys Audit (Victoria) Pty Ltd



**Matthew Forbes
Partner**

**Hawthorn
13 November 2025**