



# VACCHO Annual Report 2012-13



VACCHO



Victorian Aboriginal Community Controlled Health Organisation Inc.  
VACCHO is the peak body for Aboriginal health in Victoria

# Our Board

## **Jason B. King** - Chairperson

Gippsland & East Gippsland Aboriginal Cooperative

Jason has worked in Aboriginal health for over six years and has been a VACCHO Board member since 2009.

## **Joanne Badke** - Deputy Chairperson

Bendigo & District Aboriginal Cooperative

Joanne is a Palawa woman who has been involved in Aboriginal health for over 20 years and has been a member of the VACCHO Board since 2008.

## **Marcus Clarke** - Board member

Gunditjmara Aboriginal Cooperative Ltd

Marcus is the CEO of Gunditjmara Aboriginal Co-operative and has been a Board Member of Gunditjmara for eight years and Chairperson for two of those. He joined the VACCHO Board in 2012.

## **Karlene Dwyer** - Board member

Njernda Medical Cooperative

Karlene has over 20 years' experience working in Aboriginal health and joined the VACCHO Board in 2010. Karlene has had previous experience on

the VACCHO Board in 2001-07.

## **Andrew Gardiner** - Board member

Dandenong & District Aborigines Co-operative Ltd

Andrew is a proud descendant of the Wurundjeri people and has over six years' experience in Aboriginal health. Andrew is currently the CEO of the Dandenong & District Aborigines Co-operative Ltd.

Andrew was elected to the VACCHO Board in 2008 and has served as Chairperson and Deputy Chairperson in that time.

## **Rudolf Kirby** - Board member

Mallee District Aboriginal Services

Rudolf is the CEO of Mildura Aboriginal Corporation and a qualified solicitor with extensive experience in social justice issues. Rudolf joined the Board in 2012.

## **Daphne Yarram** - Board member

Ramahyuck District Aboriginal Corporation

Daphne has been involved in Aboriginal Affairs in Victoria since she was 16 years of age and was co-opted onto the VACCHO Board in March 2012.

***Aboriginal health is everybody's responsibility.  
It is VACCHO's core business.***

**Front cover:** CW from top left: Jill Gallagher AO and Hon David Davis, Aunty Di Kerr, Isiah Hobba, Aunty Cherie Waight and Odette Waanders, Marcus Clarke and Colleen Marion, Jill Gallagher AO.

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## Our vision

VACCHO's vision is that Aboriginal people will have a high quality of health and wellbeing, thus enabling individuals and communities to reach their full potential in life.

## Who we are

VACCHO is the peak body for Aboriginal health in Victoria. It is the leading advocate for the health of Aboriginal people and a peak organisation to its Membership.

VACCHO promotes and supports its 28 Members as centers of: excellence in the provision of Aboriginal health services; their community; expertise in the priorities, needs and models of service for those communities; and excellence to advocate on their behalf.

Nationally, VACCHO represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO).

State and Federal Governments formally recognise the leadership that VACCHO provides as the peak representative organisation on Aboriginal Health in Victoria.

# Chairperson's report





VACCHO is first and foremost an Aboriginal Community Controlled Health Organisation. It exists to support the Member services and to make a difference to the inequities in health outcomes for Aboriginal people. With this in mind, it is pleasing to begin this Report by noting that Members' meetings are becoming stronger and stronger with lively engagement by representatives from all over Victoria and with more stakeholders wanting to come to see what's in our space.

As Members we all appreciate the efforts of Jill Gallagher AO and VACCHO staff to support us and our programs, our services and our communities. However it is only by maintaining a high level of engagement that we are able to do what we do best and assist VACCHO to do what it does brilliantly.

Our *Strategic Plan 2013-16* is based on principles of quality. It focusses on supporting quality in the workforce, in service delivery, in infrastructure, in policy and advocacy, in partnerships and networks and, most importantly, in supporting Aboriginal cultural qualities. The commitment to quality goes from top to bottom. The Board has undergone significant training and professional development in order to improve how we do our business thoroughly and professionally. This helps VACCHO meet its accreditation standards under ISO accreditation and helps us do our business as a Board, serving the Members and providing executive services to VACCHO. This has led to a range of new systems and processes at Board meetings to make sure we can sign off on the new standards and provide evidence of our best practice.

Quality is a broad issue. We are all expected to comply with numerous quality frameworks and industry standards. In the past 12 months

the VACCHO Board, along with the Boards of Member services, has been coming to grips with increasing expectations about 'good governance' and 'risk frameworks'. VACCHO's **Sector Quality**

**Improvement Unit** expanded this year to include the **Accreditation Team**. This Unit has provided excellent support for our Members to succeed in the OATSIH Risk Assessment, achieving both health service and whole-of-organisation accreditation and improving corporate governance. It is a credit to the Unit that they are highly regarded across the country and have been called upon by other National Aboriginal Community Controlled Health Organisation (NACCHO) Affiliates to assist in developing their capacity.

The sustainability of VACCHO is underpinned by its strategic objectives, with a commitment to retain and grow the level of support and funding from Government and to explore business opportunities for the future growth of VACCHO. Recently VACCHO has been engaging in activities that have either generated or have the potential to generate income, undertaking fee-for-service activities that enable us to contribute to the growth and sustainability of VACCHO. The organisation will continue to explore economic development opportunities that can strengthen our growth and increase our support to Members.

Being Chairperson of an organisation like VACCHO is made easier when the CEO, managers and staff are clearly committed to making a difference. I want to thank the **Education and Training Unit** for their hard work this year, supporting the development of a skilled Aboriginal workforce and in particular for developing the Cultural Safety Training Program – a first for Victoria AGAIN.

I want to thank Jill Gallagher AO for her inspirational leadership. Just two of her achievements this year have been to co-chair the Victorian Expert Advisory Committee on Aboriginal Health with the secretary of the Victorian Health Department and to launch *Reporting Racism* on behalf of the Victorian Equal Opportunity and Human Rights Commission (VEOHRC). It is no coincidence that Jill received national recognition in the form of the Order of Australia award for her commitment to Aboriginal health. Congratulations Jill.

Finally, I want to thank the Members. Without your support VACCHO would not exist and we should remember that VACCHO is here to assist both our community and services and to move the sector forward ... our greatest strength is our Members.

**Jason B. King**

Chairperson

# Chief Executive Officer's report





VACCHO has had another active and busy year. This is due to the magnificent efforts of our dedicated staff at VACCHO and the incredible engagement and support of the Members.

The Members' meetings remain inspirational, wide ranging and engaging. We cover a variety of subject matter, working together as people who share so much in common, share our successes and frustrations and work collaboratively on the challenges we face individually and collectively.

VACCHO saw the year in with its new *Strategic Plan 2013-16*. This Plan guides the direction of VACCHO in the domains of Quality Workforce, Quality Services, Quality Infrastructure, Quality Policy Development and Advocacy, Quality Partnerships and Networks and Aboriginal Cultural Qualities. The focus on quality underpins all our planning and Member support activities. It is the key to making the health service system more responsive to community needs and achieving better health outcomes for Aboriginal people in Victoria.

VACCHO and the Members continue to expand the services we can provide and improve the quality of the ones we have. We have been able to engage in dialogue around emerging issues that matter such as aged care, an increasing need for our Elders across the state, and in the development of Disability Care Australia. VACCHO has been working successfully at the State and National level on the National Disability Insurance Agency (NDIA), working closely with Wathaurong Aboriginal Cooperative which is one of the pilot sites for the new NDIA.

VACCHO was involved in the restructure of

the Victorian Advisory Council on Koori Health (VACKH). Together with the Department of Health Victoria and the Federal Department of Health and Ageing, VACCHO will monitor and advise on implementation of the *National Aboriginal and Torres Strait Islander Health Plan* and the Victorian strategic directions for Aboriginal health, *Koolin Balit*. We have also advised and supported work of hospital CEOs in their signing and supporting the *Statement of Intent on Aboriginal Health Equality*.

We know that the health of Aboriginal people is not only the responsibility of the health sector. Broader social determinants must also be addressed and we have actively engaged in the area of justice, where we see continuing over-representation of Aboriginal people and consequent health and family issues that come about through incarceration and involvement with the justice system. VACCHO has supported the work of the Victorian Equal Opportunity and Human Rights Commission (VEOHR) in examining the rates of imprisonment of Aboriginal women in Victoria. We have committed to evidence-based policy in 'justice reinvestment', highlighting prevention and services to people before they come in contact with and are damaged by the prison system.

One of my personal highlights for the year was to join a small team from VACCHO on the *Journey to Recognition*, the campaign to recognise Aboriginal and Torres Strait Islander people in Australia's Constitution. This journey is a people's movement to finally recognise the rich and impressive history of Australia's unique cultures in our founding document. Acknowledging that Aboriginal and Torres Strait Islander people were here for tens of thousands of years before Federation is the right thing to do. Recognition will do a lot for our people. I think if we get recognition we can move forward in leaps and bounds. I believe it will heal a lot of wounds and say to First Australians that we are an important part of this country.

We as Aboriginal people are the experts and leaders in addressing Aboriginal needs and VACCHO stands proud as an Aboriginal Community Controlled Organisation. With new challenges to add to the old, with new programs and expanded services, VACCHO continues to serve its community with professionalism, with wisdom and with vigour. VACCHO has shown how strong and effective it can be as an advocate for the Aboriginal community.

The Victorian Government has committed to an increase of 30% in its Aboriginal health investment and to work closely with the Aboriginal community to implement the *Koolin Balit* strategic plan for Aboriginal health. We watch National developments with interest.

This report gives a snapshot of the hard work and dedication of everyone associated with

VACCHO. Our Board and our staff are dedicated to supporting our Members and, through them, to improving services and health outcomes in our community. I thank them for their ongoing commitment and support throughout the year.

**Jill Gallagher AO**  
CEO



**Jill Gallagher AO (far right) with organisational representatives on the Journey to Recognition at The Watershed, Greenfields SA**

# VACCHO Strategic Priorities

VACCHO is committed to providing the highest quality service to its Members, partners and stakeholders and to continually review and improve its services and relationships.



## Sustainability

VACCHO sustainability is underpinned by its strategic objectives and commitment to corporate social responsibility by building organisational capability in the following three ways:

### **Economic**

Retain and grow the level of financial and in-kind commitment from government and stakeholders.

Commencement of activities that are generating or have the potential to generate income. These include development and delivery of Cultural Safety Training, provision of Accreditation Facilitation support, outsourcing graphic design and the hiring of training and meeting rooms.

### **Environmental**

A commitment to the environment by caring for Country, the ongoing encouragement of a smokefree workplace and the establishment of the Green Team which advises VACCHO on a broad range of relevant issues.

### **Social**

VACCHO is committed to ensuring that social needs can be met and sustained through:

- demonstrating accountability to sustain a well trained workforce
- embedding cultural values
- considering community expectations.

## Aboriginal cultural qualities

To identify and implement in the daily operations of VACCHO a range of activities which express the diverse cultures of Victoria's Aboriginal communities.

As an Aboriginal Community Controlled Organisation VACCHO aims to ensure that recognition and promotion of Aboriginal culture remains central in our work. A key component of this is developing Aboriginal staff within VACCHO and the Membership.

VACCHO recognises that the Aboriginal Community Controlled sector offers a springboard and supportive environment for Aboriginal people to obtain a first and further qualification. Many Aboriginal people working in Government and private sectors obtain an initial qualification while employed at an Aboriginal Community Controlled Organisation (ACCHO). A number of Aboriginal staff at VACCHO have completed or are working toward completion of a primary or further qualification. VACCHO is also working with Career Trackers to afford Aboriginal students studying health science degrees opportunities for an internship with VACCHO.



**Smoking Ceremony and Welcome for VACCHO staff at Worawa Aboriginal College**

The **Education and Training Unit** provides a number of courses aimed at providing Aboriginal staff within VACCHO Member services with qualifications and professional development. We also partner with a number of organisations to deliver qualifications and professional development for Aboriginal staff In the VACCHO Membership. The **Public Health and Research Unit** has also been researching the progress of the '*gettin em n keepin em*' Report in Victoria to assess accessibility of nursing degrees for Aboriginal people.

Cultural safety remains a key issue in our recruiting and induction processes for new staff. More widely, VACCHO promotes cultural safety professional development through the newly established Cultural Safety Training Program within the **Education and Training Unit**. This is quickly becoming a sought-after service as a business initiative for VACCHO and provides an opportunity for staff members across all Units to be involved in promoting cultural awareness, knowledge and respect. The **Public Health and Research Unit** has engaged with Member

services and their regional Medicare Locals to support culturally respectful engagement through various initiatives such as Aboriginal Outreach Workers (AOW), telehealth and ehealth support as well as the Care Coordination and Supplementary Services Program (CCSS). The Coalition for Aboriginal Health Equality Victoria, coordinated through the **Policy and Advocacy Unit**, provides a major opportunity to work with a wide range of organisations to advocate for cultural safety in service development and delivery.

The **Corporate Services Unit** and **Communications Team** has worked with other Units to develop a database of Victorian Aboriginal imagery for VACCHO publications and internal infrastructure. All VACCHO staff are encouraged to participate in various community and cultural events with the majority of staff participating in NAIDOC events, particularly the NAIDOC March.

## Workforce

To assist the development of a creative, knowledgeable, skilled, experienced and committed workforce of employees and voluntary governing bodies in Aboriginal community controlled and mainstream organisations including the public service, non-government organisations and private enterprise.

A large percentage of work undertaken across VACCHO has involved raising awareness, increasing knowledge and improving skills for people working across the health sector. Our **Education and Training Unit** remains the leading provider of Aboriginal Health Worker (AHW) training in Victoria, actively identifying and delivering training programs to meet ACCHO needs. In addition to the specialised AHW training and range of health promotion and management development courses the **Education and Training Unit** has been developing, marketing and delivering Cultural Safety Training and similar programs for mainstream services. The **Education and Training Unit** has tendered for programs and projects that are of benefit to the ACCHO sector and are establishing training in regional centres with offerings in Aboriginal health work to members of community in assisting them to return to study or to seek employment.

ensuring we have a positive impact on quality, recruitment and retention. Statewide forums have been coordinated through the **Health Programs Unit** and **Sector Quality Improvement Unit** to provide networking opportunities and promote peer learning. These forums also ensure that VACCHO has current and relevant information to support our advocacy role with Governments, the wider health service provider system and within the ACCHO sector. Forums have been conducted for Social Emotional Wellbeing (SEWB), Maternity Services, Palliative Care Services, Improving Care for Aboriginal Patients (ICAP), Koori Mental Health Liaison Officers (KMHLO) and Quality and Accreditation programs. The **Public Health and Research Unit** held a healthy lifestyles forum in late 2012 where approximately 70 health promotion and health workers received education around issues such as diabetes, heart and kidney disease, smoking, nutrition and physical activity. The **Smoking Cessation Team** has partnered



Claire Orrill and Jimi Peters, VACCHO, presenting at the VACCHO Healthy Lifestyle State Forum 2012

Increasing professional recognition for AHWs has been a priority for VACCHO over a long period of time. Since Aboriginal Health Practitioner (AHP) registration commenced in July 2012 the **Workforce Issues Unit** has been actively encouraging and promoting eligible AHWs to apply for AHP registration. The Unit has also been encouraging AHWs to become members of the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA). AHPs now join 13 other professions regulated under the Australian Health Practitioner Regulation Agency. Victoria currently has 45 AHW NATSIHWA members and six registered AHPs.

Following the successful AHW Scope of Practice pilot in three ACCHSs, the **Workforce Issues Unit** is currently planning a phased state-wide regional roll out commencing with the Western District region.

Providing the ACCHO workforce with access to professional development opportunities is key to

with the VACCHO **Education and Training Unit**, Quit and the Centre for Excellence in Indigenous Tobacco Control to conduct smoking cessation training which has been delivered to well over 100 participants. The **Sexual Health Team** has held five Hepatitis B workshops offering both clinical and public health messages as well as four Certificate 3 Aboriginal Health Worker Sexual Health training sessions.

The **Nutrition and Physical Activity Team** was active in providing Aboriginal health diabetes education at the Institute of Koorie Education, Deakin University, Geelong, where they provided Nutritional Skill Set training for Aboriginal Health Workers. Through the Department of Health and Ageing Koori Family Lifestyle Project, they delivered a one day Child Obesity Awareness Training Program and distributed resources to 48 Health Promotion Workers.

Support for GP registrars and registrar training organisations continues with the updating of the

orientation manuals for registrars. A virtual network for GPs is underway with a vision of developing education, information sharing and support into the future. VACCHO's support model for GP registrars in ACCHOs has been promoted nationally.

Our definition of 'workforce' within the sector includes senior management and Board members within ACCHOs. VACCHO coordinates the CEO Network, which ensures CEOs have a space to discuss issues affecting them and their organisations. The **Corporate Services Unit**

VACCHO has been recognised nationally as a leader within this area and the Unit has been working with affiliates in other States to build their capacity in the governance and organisational coaching aspect of Member support.

Workforce development outside the ACCHO sector is also a priority, ensuring that the Aboriginal community has access to culturally appropriate services. The **Policy and Advocacy Unit** has been active in addressing long-term workforce development to meet the needs of Aboriginal



**Jill Gallagher AO fielding press at the Victorian Equal Opportunity and Human Rights Commission's launch of *Reporting Racism* report**

coordinates regular Members' meetings where CEOs, board members and senior staff can gain information and support in regard to a wide range of issues affecting the sector.

The **Sector Quality Improvement Unit** has provided ongoing coaching and support to build on the business systems literacy of Board and managers within our Member services. As well as face-to-face on-site support the Unit has developed a range of resource kits to assist Boards with their governance role. These cover topics that include risk management, Board recruitment and review, CEO selection and retention and governance principles.

people with disabilities and those in aged care.

Internally, VACCHO's commitment to quality is demonstrated through the engagement of a Document Management and Quality Project Officer within the **Corporate Services Unit**. This position has greatly enhanced VACCHO's commitment to quality management through supporting staff to gain an understanding of what 'quality' means in the workplace and to make effective use of the Quality Management System used to manage our administrative processes. Several staff members have undertaken Auditor and Lead Auditor training to enhance quality services and commitment.

## Services

To ensure that VACCHO's services meet the needs of Members, stakeholders and communities, VACCHO seeks to sustain and build upon the capacity of Members to achieve their potential in the business of delivering services to the Aboriginal community. We seek to influence all providers of programs designed to address health needs and the social determinants of health to effectively deliver services to Aboriginal people in a manner which is culturally appropriate.

A small internal restructure saw the **Accreditation Support Team** joining the **Sector Quality Improvement Unit**. This has enabled VACCHO to develop an integrated approach to supporting Members with accreditation, governance and risk management. The Unit is continuously reviewing and improving resources, activities and skills to ensure the most contemporary, effective support is available to the community controlled sector in implementing mainstream standards and compliance requirements.

Accreditation support continues to be a critical service to Members as an increasing number of accreditations and changes to industry standards are imposed on the sector.

**Unit** the Medicare Enhancement Officer has been working closely with Members on issues regarding Medicare billings and has produced new resources for the Medicare Benefits Schedule (MBS) items concerned with GP management plans, telehealth and other MBS items. Practice Health Atlas reports have been produced, analysed and presented back to eight Members with great interest and have triggered improvements in data entry and created increases in MBS billing. Profiles using the Australian Bureau of Statistics and other available public data were created for all Members and distributed.

Through its annual survey and evaluation processes the **Education and Training**



**St. Joseph's Vocational Education and Training in Schools** students (L-R) Seviro, Dion and Jerol, who recently completed work placement at Wathaurong Aboriginal Co-operative Health Service as part of their Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care qualification with VACCHO. Image: George Currie

With some Members undertaking an average of seven separate accreditations per year and the majority averaging 2-3 per year, the team has been busy and were successful in assisting 100% of Members requesting support to gain or maintain their accreditation status across a broad range of accreditations, including health service-specific (AGPAL, QICSA) and organisation-wide (ISO, QIC). The Unit responded to 100% of high priority requests for governance or organisational coaching services, with several organisations on the waiting list for governance coaching.

Within the **Public Health and Research**

**Unit** has developed programs that focus on leadership and modern business processes relevant to the capacity, capability and organisational development needs of ACCHOs.

Support for establishing 'quality services' within the sector includes promoting a range of National and State guidelines and service development activities. The **Health Programs Unit** and **Policy and Advocacy Unit** has worked with Members and the

sector workforce to ensure that services reflect best practice. Examples of this work include: Koori Maternity Services (KMS) Guidelines, SEWB counselling services, National

Aboriginal and Torres Strait Islander Suicide Prevention Strategy, ICAP and KMHLO Guidelines, Alcohol and Other Drugs Reform, Mental Health Reform, Psychiatric Disability Rehabilitation and Support Services Reform and the National Aboriginal and Torres Strait Islander Peoples Drug Strategy.

The **Public Health and Research Unit** has provided resources and support to Members through a range of health promotion activities including revision of the successful *Tucker Tips* and *Healthy Tucker Cards* resources produced by the **Nutrition and Physical Activity**

and Quality Project Officer actively contributes to maintaining our accreditation and the implementation of the Quality Management System. The Document Management and Quality Project Officer coordinated preparation for the accreditation surveillance visit and the appointment of a new Senior Human Resources Advisor has added value to our policy and procedure review process. Our Member Support Officer continually seeks and obtains feedback from our Members and stakeholders to assist in ensuring quality services for Members are provided and that issues arising for Members can be addressed



June Sculthorpe, Renee Owen and Carolyn Renehan in discussion at the VACCHO Quality and Accreditation Workshop 2013

**Team.** The **Sexual Health Team** was closely involved in gathering national data on youth sexual health and worked with Ilbijerri Theatre Company to develop a schools education program about blood borne viruses and their risks. The **Smoking Cessation Team** significantly increased the number of Member services who have successfully initiated a smoke free workplace or are moving close to achieving smoke free status.

Internally, VACCHO's commitment to quality services is reflected through maintaining ISO Accreditation. Within the **Corporate Services Unit** the Document Management

at upcoming Members' meetings, CEO network forums, etc.

VACCHO has established a number of subcommittees that report to the Managers' meeting and engage staff from all Units in active participation in quality improvement. Committees include: Management Review, Occupational Health and Safety, Operations, Publications, Quality and Green Team. The **Sector Quality Improvement Unit** also conducted workshops with each Unit to build knowledge and capacity around risk management and quality systems.

## Infrastructure

To secure the human and capital resources necessary to maintain and enhance the activities of VACCHO and our Member organisations.

The **Policy and Advocacy Unit** advocates for appropriate investment in infrastructure both as bricks and mortar and in information technology. VACCHO has spent considerable time promoting the coordinated investment in appropriate infrastructure both within VACCHO and for its Members. They supported Aboriginal Affairs Victoria's work in scoping the Members' needs and now seek investment in meeting those needs. The Unit supports individual Member's proposals and have drafted position papers with NACCHO for national investment in Victorian ACCHO infrastructure. They have also championed the need for improved infrastructure within the sector through their partnerships with the Coalition for Aboriginal Health Equality Victoria.



Left to right Cindy Scott (Midwife and Lactation Consultant, Victorian Aboriginal Health Service (VAHS)), Toni Bahler (Midwife, VAHS), Shakara Montalto (KMS Support Officer, VACCHO), Aunty Sandra Aitken and Melissa Aitken (Cultural Educators)

The **Corporate Services Unit** commenced development of a new Information Technology (IT) Strategy. It will assist us with document management and mobility, necessary for our effective operation as well as contributing to our continued accreditation and risk management. With changing IT and the rise of social media the Strategy will also include the media and communication requirements for VACCHO.

## Partnerships and networks

To develop and enhance partnerships and networks with key organisations to improve the accessibility and quality of health services and programs for Aboriginal people.

VACCHO is keenly aware that provision of services to the wider Aboriginal community does not happen in a vacuum and that we need to be able to work with a wide range of key stakeholders, including Government departments, researchers, peak bodies and service providers.

Nationally, we participate in various meetings and forums led by NACCHO including CEO network meetings, Sector Governance Network, Public Health Medical Officer Network and the Accreditation Network. VACCHO is actively involved with the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network. We are also in regular contact with key personnel of the Federal and State offices of the Office for Aboriginal and Torres Strait Islander Health (OATSIH).

Our relationship with State Government exists on a number of levels, including participation in the VACKH and its subcommittees. Further, regular executive level meetings with key Department personnel ensure that fruitful dialogue is maintained.

VACCHO convenes the Coalition for Aboriginal Health Equality Victoria which brings together key people from a range of peak bodies and Statewide service organisations. VACCHO also advises on partnership strategies with Victorian hospitals and Medicare Locals through forums convened by the Victorian Health Minister. Relationships with key representative bodies are continuing to improve the possibility of collaboration and improved relationships for our Members and will lead to better outcomes for service access and delivery for the Aboriginal community.

We maintain close relationships with a range of issue-specific organisations that enables VACCHO to be involved with the development of culturally appropriate service delivery. The **Health Programs Unit** has engaged with a range of organisations in order to develop policies, resources and training activities. These include beyondblue, Palliative Care Victoria, Australian Drug Foundation, Maternity Services Education Program, Wullumperi – Melbourne Sexual Health Centre and the Victorian Alcohol and Drug Association.

The **Public Health and Research Unit** has created partnerships with Cancer Council Victoria, Asthma Foundation, Heart Foundation, Kidney Health Australia and Family Planning Victoria to address chronic disease management and prevention. The **Sexual Health Team** was a key participant in completing the national GOANNA survey in association with the

Kirby Institute and NACCHO. The **Nutrition and Physical Activity Team** established a Memorandum of Understanding with Second Bite, a food distribution organisation, and linked Members into that program. The team has also maintained its close relationship with Diabetes Australia Victoria.

Through the Medicare Enhancement Officer, VACCHO is represented on the Royal Women's Hospital Aboriginal Women's Health Committee and the Eye Health Project Officer has further developed relationships with the Indigenous Eye Health Unit at the University of Melbourne, Victorian College of Optometry and the Royal Victorian Eye and Ear Hospital. The **Public Health and Research Unit** received 16 applications for research partnerships of which seven were approved as they supported VACCHO's core business and were resource appropriate.

The **Sector Quality Improvement Unit** and the **Policy and Advocacy Unit** have maintained productive working relationships with a range of funding bodies, other peak bodies and key stakeholders. This has led to successful outcomes for our Members when requiring advocacy or policy support.

In partnership with Rural Workforce Agency Victoria (RWA) the **Workforce Issues Unit** continued to provide targeted cultural awareness training for GPs. The training is developed and run in accordance with the accredited Royal Australian College of General Practitioners, Continuing Medical Education points system. This successful program not only prepares GPs for working with Aboriginal clients but has also resulted in over 10 GPs being placed in ACCHSs as well as several locum placements. Under the successful Medical Specialist Outreach Assistance Program - Indigenous Chronic Disease / Urban Specialist Outreach Assistance Program (MSOAP-ICD/ USOAP) initiative and in partnership with RWA, all ACCHSs are now providing many allied health and specialist services that would otherwise not have been available.

Through the **Corporate Services Unit**, the **Communications Team** has been working with Bunjilaka (Museum Victoria) to establish culturally responsible interior exhibition spaces for Aboriginal artworks and artefacts and to educate VACCHO staff members on the culturally appropriate process involved when documenting Aboriginal artefacts.

## Policy development and advocacy

To influence government policy and stakeholders to effectively address the health needs of Aboriginal people in Victoria.

VACCHO has maintained a strong presence in the political landscape, with Jill Gallagher AO co-chairing the Victorian Expert Advisory Committee on Aboriginal Health with the Secretary of the Department of Health. With the Victorian Health Minister, Jill co-chaired Australia's first national forum on partnership and success in Aboriginal health. VACCHO will also be co-chairing the Victorian Government's Advisory Committee on Aboriginal Disability. In April 2013 the Victorian Premier, the Hon. Dr. Dennis Napthine, announced a 30% increase in funding for the State Close the Gap initiative, recognising the key role that VACCHO and Members play in improving Aboriginal health outcomes.

The **Policy and Advocacy Unit** has provided significant input to the *National Aboriginal and Torres Strait Islander Health Strategy* and to the *OATSIH Primary Health Care Funding Review*. Unit staff have provided considerable input into developments within aged care and with Disability Care Australia, where VACCHO is providing leadership and support at local, State and National levels. VACCHO has reviewed the role and responsibility of the VACKH to make it the advisory and priority setting body for the National and State Strategies and to more efficiently identify and make recommendations to Governments. VACCHO also leads the Coalition for Aboriginal Health Equality Victoria which includes a number of peak bodies and health issues organisations who have signed the *Statement of Intent* to improve their programs and to collectively hold Government to account.

VACCHO continues to provide high level advice on the different reviews of major health reforms and service system development including maternal and child services, hospital liaison, drug and alcohol services and social and emotional wellbeing services such as mental health, suicide prevention, psychiatric disability and rehabilitation support.

The **Health Programs Unit** works collaboratively with mainstream organisations and funding bodies to advocate for the needs of our workforces and Members. Unit staff facilitate a range of forums, steering committees, regional gatherings and site visits to promote effective service strategies in response to critical health and social issues. Activities of particular note include conducting a series of community forums held across the State to consider issues raised by Members in relation to the use of the methamphetamine 'ice'. The *Senate Inquiry into Palliative Care* held in Melbourne provided an opportunity to showcase the successes of the Victorian Aboriginal Palliative Care Project on a National level. This provided increased exposure for further work to ensure Aboriginal and Torres

Strait Islander people can access culturally appropriate palliative care.

The **Public Health and Research Unit** completed and partnered in many areas of research which will subsequently influence policy. Issues addressed include Koori prisoner mental health and cognitive functioning, ACCHO-prison health partnerships, Aboriginal nursing recruitment and retention research and research into the duration and experience of breastfeeding in Aboriginal mothers. The **Nutrition and Physical Activity Team** launched the *Aboriginal Early Childhood Nutrition and Physical Activity* needs assessment.

Through the **Sector Quality Improvement Unit** VACCHO has lead or participated in key events to raise the profile of, advocate for or develop policy papers on several key issues related to governance, risk management, accreditation, compliance and business systems for the sector. In partnership with Latrobe University the Unit has undertaken a project designed to measure the costs of compliance in relation to accreditation and reporting, which will be completed next financial year.

Through its membership and representation on key committees and networks representing Aboriginal interests – Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network, VACKH – the **Education and Training Unit** continues to contribute to discussion and policy development in relation to recognition of Aboriginal Health Workers and broader matters related to workforce.

# Memorandum of Understanding update

VACCHO maintains Memorandums of Understanding with the following key stakeholders:

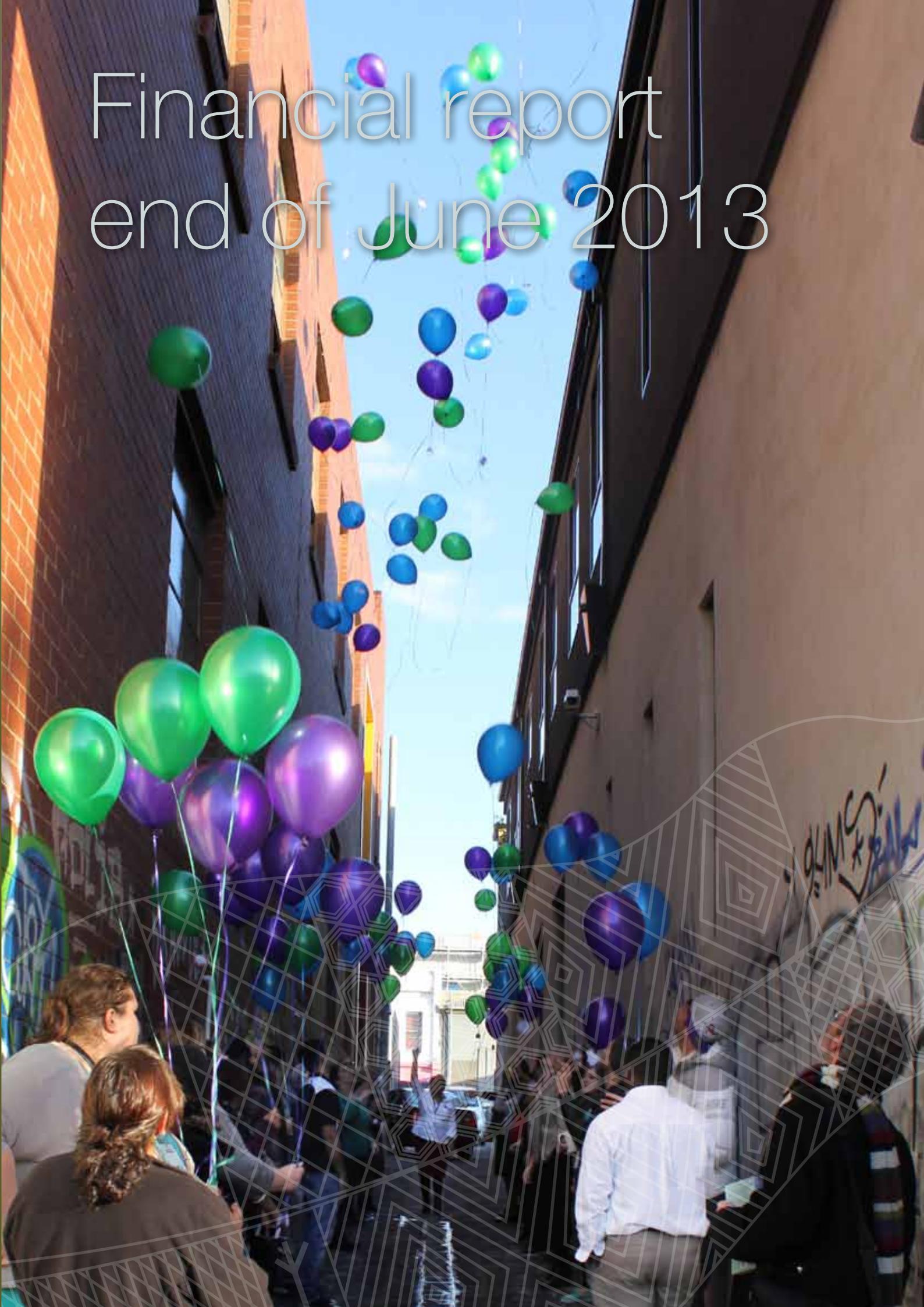
- Australian Catholic University
- Alzheimer's Australia
- SecondBite
- Diabetes Australia Victoria



(CW from top left) The MOU signings with Australian Catholic University, Alzheimer's Australia, SecondBite, Diabetes Australia Victoria

A Memorandum of Understanding or MOU is a documented agreement that sets out how a partnership arrangement will operate. It provides guidance towards ensuring a clear understanding of each party's responsibilities and framework for conflict resolution. MOUs are not legally binding documents though do provide necessary structure to the collaborative process and help ensure no unrealistic expectations arise.

# Financial report end of June 2013



# Committee's report

Your committee members present this report of Victorian Aboriginal Community Controlled Health Organisation Incorporated (VACCHO) for the financial year ended 30<sup>th</sup> June 2013.

## COMMITTEE MEMBERS

The names of committee members throughout the year were:

Jason King	Chairperson
Andrew Gardiner	
Lyn McInnes	Resigned 17/10/12
Lorraine Settles	Resigned 17/10/12
Jeanne Becke	
Karla Dwyer	
Daphne Yarram	
Marcia Clarke	Appointed 17/10/12
Rudolph Kirby	Appointed 17/10/12

Each committee member has been in office since the start of the financial year to the date of this report, unless otherwise stated.

## PRINCIPAL ACTIVITIES

The principal activity of the entity during the financial year is to be the peak Victorian Aboriginal health body representing 27 Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria, building the capacity of its membership and advocating for issues on their behalf.

## SIGNIFICANT CHANGES

No significant changes occurred in the nature of this activity during the year.

## OBJECTIVES

- VACCHO aims to be the advocate for the health of Aboriginal people
- Promotion and support of members as centres of excellence in the provision of Aboriginal health services and as centres of their community and enabling expertise in the priorities, needs and models of service for these communities and as centres of excellence to advocate on their behalf
- To ensure quality workforce, quality services, quality infrastructure and quality assurance to achieve health equity for Aboriginal people

## STRATEGY FOR ACHIEVING THE OBJECTIVES

VACCHO will achieve its objectives through the following strategies:

- Assisting the development of an experienced, knowledgeable, skilled and committed workforce in Aboriginal community controlled and mainstream organisations including the public service
- Ensuring the Aboriginal community controlled health sector continues to be well-positioned to function in, and respond to, changes in the national and state social, economic and political environments
- Securing necessary infrastructure to maintain and enhance the activities of VACCHO and its members
- Ensuring that all VACCHO's services meet the needs of stakeholders
- Working collaboratively with stakeholders to achieve equity in health status and Aboriginal life expectancy

## PERFORMANCE MEASURES

If VACCHO is achieving its goals, outcomes that can be expected include:

- Increase in skills and knowledge of the workforce by supporting networks and training
- Engagement in partnerships and relationships with key organisations and individuals
- Consultation with members on developments and priorities for advocacy

## OPERATING RESULT

The surplus (deficit) for the year amounted to \$87,588.88 (2012 \$5,331,718.88).

We note that due to a significant capital grant of \$4,471,287.07 being received in the 2011/12 year the surplus was much greater than normal in the previous year.

Signed in accordance with a resolution of the members of the Committee.



12<sup>th</sup> September 2013

# Concise Statement of Comprehensive Income for year ended 30 June 2013

REVENUE	2013	2012
	\$	\$
Grants & Funding	6,217,683.16	6,331,355.77
Capital Grants	0.00	4,471,287.07
Grants B/F from previous year & grants in advance	1,934,252.92	3,455,802.48
Grants C/F to next year & grants in advance	(875,033.57)	(1,934,252.92)
Interest Income	81,706.60	120,005.57
Profit (Loss) on Sale of Assets	(763.86)	(24,476.06)
Other Income	315,581.32	255,354.72
<b>TOTAL REVENUE</b>	<b>7,673,426.57</b>	<b>12,675,076.63</b>
<b>EXPENDITURE</b>		
Audit fee for Audit of Financial Statements	23,515.00	15,340.00
Occupancy Costs	204,019.72	205,624.09
Amortisation	101,943.05	0.00
Depreciation	166,457.78	146,080.80
Telephone & Internet Services	84,776.12	115,411.28
Postage, Stationery & Printing	222,246.64	146,346.15
Other Office & General Expenses	152,485.71	153,145.87
Consultants Fees	90,333.73	445,840.37
Motor Vehicle Expenses	49,372.08	55,400.65
Employee Benefit Expenses	5,373,768.71	4,641,559.97
Other Program Expenses	1,114,754.32	1,348,262.47
Finance Costs	2,186.75	70,346.33
<b>TOTAL EXPENDITURE</b>	<b>7,585,859.61</b>	<b>7,343,357.98</b>
<b>Surplus (Deficit) Before Income Tax Attributable To Members of the Entity</b>	<b>87,566.96</b>	<b>5,331,718.65</b>
Income Tax	0.00	0.00
<b>Surplus (Deficit) After Income Tax Attributable To Members of the Entity</b>	<b>87,566.96</b>	<b>5,331,718.65</b>
<b>OTHER COMPREHENSIVE INCOME</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Comprehensive Income (Loss) For The Year Attributable To Members of the Entity</b>	<b>87,566.96</b>	<b>5,331,718.65</b>

# Statement of Financial Position as at 30 June 2013

	2013	2012
	\$	\$
Cash & Cash Equivalents	2,988,930.37	4,118,608.42
Trade and other Receivables	235,604.22	468,093.12
Other Current Assets - Prepayments	37,030.73	52,430.34
<b>TOTAL CURRENT ASSETS</b>	<b>3,261,565.32</b>	<b>4,639,131.88</b>
<b>NON-CURRENT ASSETS</b>		
Property Plant & Equipment	7,129,601.26	7,164,693.44
<b>TOTAL NON-CURRENT ASSETS</b>	<b>7,129,601.26</b>	<b>7,164,693.44</b>
<b>TOTAL ASSETS</b>	<b>10,391,166.58</b>	<b>11,803,825.32</b>
<b>CURRENT LIABILITIES</b>		
Trade and Other Payables	584,571.05	1,230,429.33
Short-term Provisions payable	397,019.88	315,385.73
Financial Liabilities:-		
Funds Carried forward for future activities	518,014.73	1,152,183.89
Grants Received in Advance	535,381.11	861,876.20
<b>TOTAL CURRENT LIABILITIES</b>	<b>2,034,986.77</b>	<b>3,559,875.15</b>
<b>NON-CURRENT LIABILITIES</b>		
Long-term Provisions payable	58,604.06	33,941.38
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>58,604.06</b>	<b>33,941.38</b>
<b>TOTAL LIABILITIES</b>	<b>2,093,590.83</b>	<b>3,593,816.53</b>
<b>NET ASSETS</b>	<b>8,297,575.75</b>	<b>8,210,008.79</b>
<b>EQUITY</b>		
General Building Reserve	1,500,000.00	1,500,000.00
Retained Earnings	6,797,575.75	6,710,008.79
<b>TOTAL EQUITY</b>	<b>8,297,575.75</b>	<b>8,210,008.79</b>

# Statement of Changes in Equity for year ended 30 June 2013

	General Building Reserve	Retained Earnings	Total Reserves and Retained Earnings
<b>Balance at 30 June 2010</b>		2,631,424.64	2,631,424.64
<b>2011</b>			
Surplus attributable to members		246,865.50	246,865.50
Transfer to General Building Reserve	1,500,000.00	(1,500,000.00)	0.00
<b>Balance at end of year</b>	1,500,000.00	1,378,290.14	2,878,290.14
<b>2012</b>			
Surplus attributable to members		5,331,718.65	5,331,718.65
<b>Balance at end of year</b>	1,500,000.00	6,710,008.79	8,210,008.79
<b>2013</b>			
Surplus attributable to members		87,566.96	87,566.96
<b>Balance at end of year</b>	1,500,000.00	6,797,575.75	8,297,575.75

# Statement of Cash Flows for year ended 30 June 2013

## Cash Flows from Operating Activities

Receipt of Grants	7,088,589	11,830,029
Interest received	81,707	120,006
Miscellaneous Income	315,581	255,354
	7,485,877	12,205,389
Payments to Suppliers and Employees	8,379,296	7,824,872
Finance costs	2,187	70,346
<b>Net Cash Generated by Operating Activities</b>	<b>(895,606)</b>	<b>4,310,171</b>

## Cash Flows From Investing Activities:-

Sale Of Property Plant & Equipment, Motor Vehicles	33,844	909
Payments for Property Plant & Equipment, Motor Vehicles	(267,917)	(2,359,357)
<b>Net Cash Generated by (used in) Investing activities</b>	<b>(234,073)</b>	<b>(2,358,448)</b>

## Cash Flows From Financing Activities:-

NAB Loan	0.00	(2,800,000)
<b>Net Cash Generated from Financing Activities</b>	<b>0.00</b>	<b>(2,800,000)</b>
Net increase (decrease) in cash held	(1,129,678)	(848,277)
Plus cash at beginning of financial year	4,118,608	4,966,885
<b>Cash at the end of financial year</b>	<b>2,988,930</b>	<b>4,118,608</b>

# Notes of the concise Financial Report for the year ended 30 June 2013

## Note 1. Basis of Preparation of the Concise Financial Report

The concise financial report is an extract for the full financial report for the year ended 30 June 2013. The concise financial report has been prepared in accordance with Accounting Standard AASB 1039; Concise Financial Reports, and the Corporations Act 2001.

The financial statements, specific disclosures and other information included in the concise financial report are derived from, and are consistent with, the full financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of the Victorian Aboriginal Community Controlled Health Organisation Incorporated as the full financial report. A copy of the full financial report and auditor's report will be sent to any member, free of charge, upon request.

The financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated complies with all Australian equivalents to International financial Reporting Standards (AIFRS) in their entirety. The presentation currency used in this concise financial report is Australian dollars.

## Note 2: Events after the Balance Sheet Date

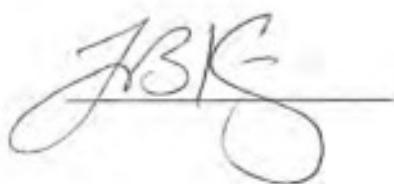
There have been no material non-adjusting events after the reporting date, nor has any information been received about conditions at reporting date that have not been included in this report.

## Committee's Declaration

The Members of the Committee declare that the concise financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the financial year ended 30 June 2013, as set out on the preceding pages:

- 1 Complies with Accounting Standard AASB 1039; Concise Financial Reports; and
- 2 Is an extract from the full financial report for the year ended 30 June 2013 and has been derived from and is consistent with the full financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated.

This declaration is made in accordance with a resolution of the Members of the Committee.



Dated this 12<sup>th</sup> day of September 2013

# Independent Auditor's Report to the Members of the Victorian Aboriginal Community Controlled Health Organisation Incorporated

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION INCORPORATED

### Report on the concise financial report

The accompanying concise financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated comprises the statement of financial position as at 30 June 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended and related notes, derived from the audited financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the year ended 30 June 2013, as it set the discussion and analysis. The concise financial report does not contain all the disclosures required by Australian Accounting Standards.

### Committee Member's responsibility for the concise financial report

The committee is responsible for the preparation and presentation of the concise financial report in accordance with Accounting Standard AASB1038, Concise Financial Reports (including Australian Accounting Interpretations), statutory and other requirements. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report; selecting and applying the appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

### Auditor's Responsibility

My responsibility is to express an opinion on the concise financial report based on my audit procedures. I have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the year ended 30 June 2013. My Auditor's Report on the financial report for the year was signed on September 2013 and was not subject to any modification. Australian Auditing Standards require that I comply with relevant ethical requirements relating to such engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

My procedures in respect of the concise financial report included testing that the information in the concise financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of evidence supporting the amounts, disclosures and analysis, and other disclosures which are not directly derived from the financial report for the year. The procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standard AASB1038, Concise Financial Reports, and whether the disclosure and analysis complies with the requirements laid down in AASB1038.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

### Independence

In conducting my audit, I have complied with the independence requirements of the Corporations Act 2001. I confirm that independence declaration provided to the Committee of the Victorian Aboriginal Community Controlled Health Organisation Incorporated on September 2011, will be in the same terms if provided to the Committee as at the date of the Auditor's Report.

### Auditor's Opinion

In my opinion, the concise financial report including the discussion and analysis of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the year ended 30 June 2013 complies with Accounting Standard AASB1038, Concise Financial Reports.

Eric Townsend & Co



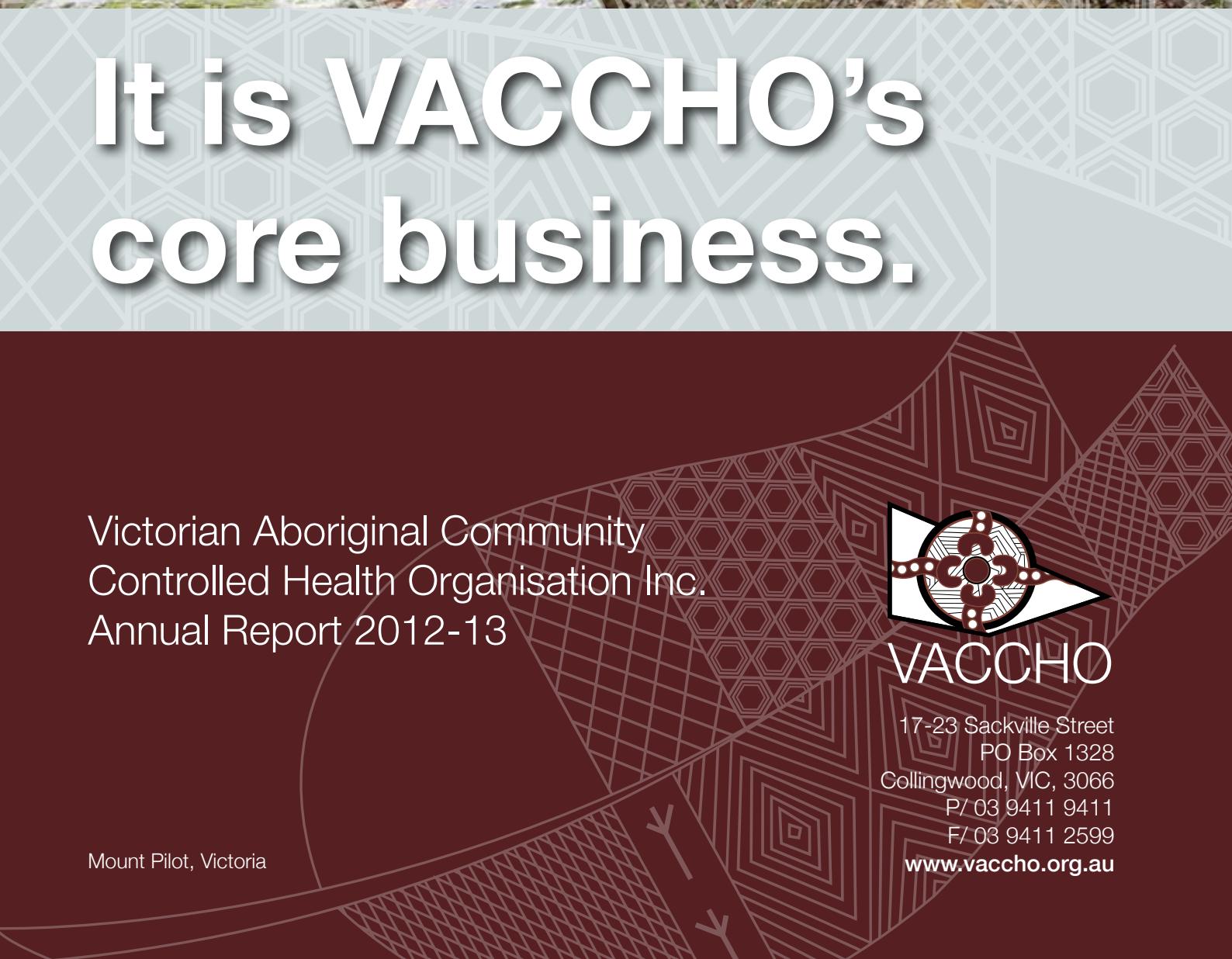
Eric Townsend

15 Taylor Street, Asburton, Vic 3147

Date this: 16<sup>th</sup> day of September 2013



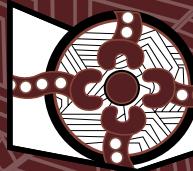
# Aboriginal health is everybody's responsibility.



## It is VACCHO's core business.

Victorian Aboriginal Community  
Controlled Health Organisation Inc.  
Annual Report 2012-13

Mount Pilot, Victoria



VACCHO

17-23 Sackville Street  
PO Box 1328  
Collingwood, VIC, 3066  
P/ 03 9411 9411  
F/ 03 9411 2599  
[www.vaccho.org.au](http://www.vaccho.org.au)