



**Warning:** Aboriginal and/or Torres Strait Islander Peoples are warned that this Annual Report may contain images of deceased people.

VACCHO wishes to acknowledge and pay respect to all community members who have passed away in Victoria and communities throughout Australia this year.

**Gunditjmara shield cover** - images credited throughout Annual Report

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### Contents

- **04** Message from the Chair
- 06 Message from the CEO
- 08 Membership
- 10 Strong Culture, thriving communities
- 12 Our relationships
- 13 Our strategic objectives
- 14 Goal 1: Aboriginal cultural qualities
- 14 Goal 2: Quality workforce
- 16 Goal 3: Quality services
- 19 Goal 4: Quality infrastructure
- 20 Goal 5: Quality policy and advocacy
- 22 Goal 6: Quality partnerships and networks
- **25** Goal 7: Sustainability
- **26** Financial report





This is a year of celebration for VACCHO as we move into our twentieth year of operation during 2016. Our Members drove the establishment of VACCHO and continue to be the drivers of the work we do.

I was very proud to be part of the launch of our mural on the 15th April and to acknowledge the cultural footprint that we have added to the environment. A time capsule was installed recognising and showcasing our Members.

This celebration coincides with the mid-term review of our Strategic Plan.

Reflecting on the work we do, it was clear that VACCHO has been working across a much wider subject base than just health, and this was not formally recognised in our Strategic Plan in a way that was clear to everybody. Over previous years, our Members have requested VACCHO expand into areas related to the Aboriginal definition of 'health'.

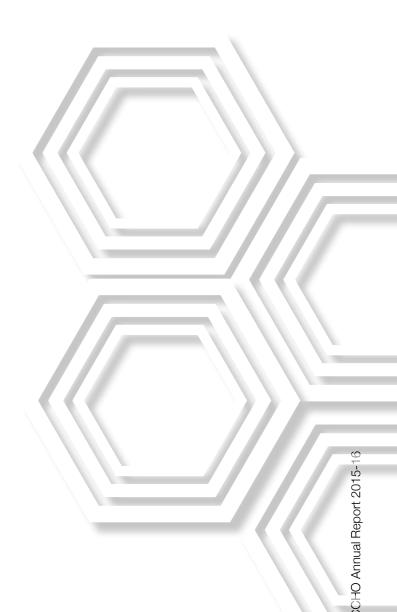
'Aboriginal health' means not just the physical wellbeing of an individual. It refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being. Thereby bringing about the total wellbeing of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.

Examples include our expanded focus on activity across the social determinants of health. We also have increased our fee-forservice work considerably. The effectiveness of this representation for our Members requires strong working relationships with other key Aboriginal agencies that respects their strengths and roles along with strategic partnerships with other key stakeholders.

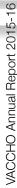
Our revised Plan, which will be shared towards the end of 2016, will enable VACCHO to ensure we are achieving measurable gains for our Members and for Victorian families and children now and into the future. It provides the mandate to work more closely with other state-wide and peak organisations, and most importantly it will ensure we can clearly demonstrate accountability to Victorian Aboriginal people.

I'd like to finish by acknowledging the value we place on maintaining our effective relationships with politicians, government agencies and our partner agencies. Like our partnership with our Members, working respectfully and collaboratively will ensure Aboriginal health equity is achievable.

### Marcus Clarke Chairperson









If it weren't for our Members, VACCHO would not be celebrating 20 years in Aboriginal health this year. Our work is driven and informed by our Members and the review of our strategic plan will direct our future path. I'd like to take the opportunity recognise and acknowledge our Member ACCOs' deadly work to improve the health and wellbeing of their Communities.

Over the past five years, VACCHO has continued to grow its staff and programs. This ensures that we can provide effective support and meet the need of our Member ACCOs as they too, grow.

I am pleased to be the recipient of an unprecedented number of invitations to become a member of a range of Expert Panels, Steering Committees and meetings which occur regularly with politicians, senior government officials and stakeholders. Engagement at this level, across a broad range of topics enables VACCHO the opportunity to advocate Members concerns and to get a deeper insight into the future plans of the Government.

I believe it allows our sector a greater opportunity to strengthen advocacy for self-determination which we know will lead to improved health and wellbeing for Aboriginal Victorians.

I'd like to take this opportunity to thank our many partners who help us achieve our goals.

VACCHO is watching with interest the evolving discussions and Community consultations on Treaty.

Jill Gallagher AO CEO





Our Members offer a unique model of culturally appropriate, high quality service delivery that ensure the social determinants of health for individuals, families and communities is addressed effectively.

VACCHO's Members are run by a philosophy of community initiation, ownership and control ensuring a commitment to assisting every Aboriginal person to realise their full potential as a human being and as a member of their community.

These organisations, or ACCOs, provide holistic person centred, innovative services which are tailored to the needs of local communities. They are not just service delivery agencies, they are community hubs and are often the prominent cultural 'footprint' in their region.

With a proud history as sustainable, grassroots organisations that assist in building community capacity for self-determination and direct provision of community services, VACCHO's Members are best placed to deliver the needed services to Aboriginal children, families and communities.

### Membership timeline

- **1973** Victorian Aboriginal Health Service was established
- **1974** Njernda Aboriginal Corporation (Formerly Echuca Co-operative Warma Corporation) was established
- **1974** Rumbalara Aboriginal Co-operative Ltd was established
- **1974** Murray Valley Aboriginal Co-operative was established
- **1975** Dandenong & District Aborigines Cooperative Ltd was established
- 1975 Gippsland & East Gippsland Aboriginal Co-operative (Formerly East Gippsland Aboriginal Health Services 1972) was established
- 1977 Kirrae Health Service Inc. was established
- 1977 Ngwala Willumbong Limited (Formerly Ngwala Willumbong Co-operative Ltd) was established
- **1978** Wathaurong Aboriginal Co-operative was established
- **1979** Ballarat & District Aboriginal Co-operative was established
- **1982** Goolum Goolum Aboriginal Co-operative was established

- **1982** Gunditjmara Aboriginal Co-operative Ltd was established
- **1983** Cummeragunja Housing & Development Aboriginal Corporation (Viney Morgan Aboriginal Medical Service) was established
- **1984** Mallee District Aboriginal Services (Formerly Mildura Aboriginal Corporation) was established
- **1991** Aboriginal Community Elders Services (formerly Iris Lovett Gardener Caring Place) was established
- **1991** Winda-Mara Aboriginal Corporation was established
- **1992** Ramahyuck District Aboriginal Corporation was established
- **1993** Moogji Aboriginal Council East Gippsland Inc. was established
- **1994** Dhauwurd Wurrung Elderly and Community Health Service Inc. (Formerly Wurrung Elderly Citizens Association) was established
- **1994** Mungabareena Aboriginal Corporation was established
- **1996** Victorian Aboriginal Community Controlled Health Organisation was established
- **1999** Budja Budja Aboriginal Co-operative was established
- 2001 Bendigo & District Aboriginal Co-operative (formerly Dja Dja Wrung Aboriginal Association Incorporated 1987) was established
- 2001 Melbourne Aboriginal Youth, Sport & Recreation Co-operative (Formerly Fitzroy Stars Aboriginal Community Youth Club Gymnasium 1982) was established
- **2003** Lake Tyers Health & Children's Service (Formerly Lake Tyers Trust 1968) was established
- **2005** Albury Wodonga Aboriginal Health Service was established
- **2007** Lakes Entrance Aboriginal Health Association was established
- **2009** Healesville Indigenous Community Services Association was established



Mungabareena Aboriginal Corporation and Tamara Curtain - HIPPY Tutor, Gateway Health

VACCHO is at heart and by constitution an Aboriginal community organisation, with our Aboriginality being intrinsic to our identity, essential to our communities and part of our world.

Aboriginal culture is a spiritual and communal entity that thrives in environments of compassion, optimism, integrity, respect and empowerment.

VACCHO strives to convey the integral role these qualities play in a healthy community. Aboriginal culture is ancient and contemporary, dynamic, strong, vulnerable and valuable. It is a knowledge and belief system in a contemporary and ever evolving setting.

VACCHO's embodiment of Aboriginality is constitutional and spiritual. It is present in the delivery of our policies and conveyed through the nature of our interactions. The cultural integrity of our practices and beliefs is intrinsic to our greater identity and the identity of the communities we represent.

Our culture is rich in history and its impact on contemporary society is dynamic. It conveys strength and vulnerability simultaneously and lives within the vitality and endurance of the people who represent it proudly.

It is the ambition of VACCHO to look after the needs of the communities who share this inseparable connection with identity, culture and health. When our identity is compromised, so too is our health. When our identity is given the chance to thrive, so too do we flourish.

Our Members' cultural identities are an important source of strength and this informs our ways of working and our integrity. VACCHO stands for the rights of its Members to inhabit their identity and stands against the forces who oppose this right.

VACCHO's Member base is made up of ACCOs with a proud history of enabling Aboriginal people within their community to realise their potential as human beings by providing the resources for empowerment and self-determination.

### Why are we here

VACCHO is the peak body for Aboriginal health in Victoria representing 27 ACCHOs.

VACCHO's Members serve as an advocate for their community and in turn, VACCHO serves as an advocate for its Members, championing Aboriginal identity as an inseparable aspect of a comprehensive healthcare system. VACCHO recognises the importance of education and preemption in effective healthcare implementation and exists to enable our Members to instil healthy attitudes and beliefs throughout their community

This approach helps negate the many complex health issues causing a decline in the wellbeing of Aboriginal peoples by preventing serious illness.

Our determination to close the gap between the health equalities of Aboriginal and non-Aboriginal peoples is the driving force behind our approach. An important factor in the success of this outcome is our holistic approach to health that ensures that administered care is representative of Aboriginal culture. When healthcare is culturally safe the treatment is far more effective. Achieving mainstream recognition of this correlation is integral to securing the funding that will demonstrate the long term effectiveness of culturally appropriate healthcare.

VACCHO strives to convey that sickness does not only affect the physicality of Aboriginal peoples. When Aboriginal culture is dismissed it can cause damage to our social, emotional and spiritual wellbeing. Spirituality and physicality are inseparable in Aboriginal culture; that which affects one affects the other just as acutely.

Unfortunately, spiritual healing can be difficult due to the general incompatibility of mainstream health services and Aboriginal culture, VACCHO recognises the importance of spiritual healing and its importance in improving health outcomes for Aboriginal people. By allowing Aboriginal culture to thrive, so too will its people. VACCHO advocates for Aboriginal health on two fronts: treating the physical illnesses affecting Aboriginal health and celebrating Aboriginal culture in a vibrant community.

'In respect to the goals and principles of community control within the Victorian Aboriginal health sector, it is essential to ensure that the services VACCHO provides meet the needs of its Members, stakeholders and ultimately the community which it serves.'

VACCHO's leadership role involves building the capacity for community advocacy and workforce development by strengthening the support network of our Members. This advocacy takes place in a range of private, community and Government agencies at a state and national level, recognising all issues relevant to Aboriginal health.

VACCHO represents the community controlled health sector nationally through its membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). The Victorian Aboriginal Community, State and Federal Governments formally recognise VACCHO as the peak representative organisation for Aboriginal health in Victoria.

VACCHO Annual Report 2015-16



Culture Cultur Aboriginal
Cultural
Quality
Partnerships
and
Networks

Our Vision

Vibrant, healthy, self determining
Aboriginal
communities.

Quality
Policy and
Advocacy

Quality
Quality
Policy and
Advocacy

Quality
Infrastructure

Quality
Services

Quality
Policy and
Advocacy

Quality
Policy and
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Quality
Infrastructure

Quality
Services

Quality
Policy
Aboriginal
Communities.

Advocacy

A Our strategic objectives VACCHO's strategic plan outlines our strategic priorities for achieving improved health and wellbeing outcomes for Aboriginal people in Victoria.

Through continuous review and service improvement VACCHO is committed to providing the highest quality service to its Members, partners and stakeholders and ultimately the community which it serves.

### Goal 1: Aboriginal cultural qualities

To implement a range of activities that express the diversity of culture in Victoria's Aboriginal communities and to demonstrate this in the daily operations of VACCHO.

### Our achievements

We ensure that all our staff have the knowledge to honour, respect and celebrate Victorian Aboriginal culture and to understand the impact of history on contemporary Victorian Aboriginal peoples today. We are focusing on implementing systems to ensure our publications, media and work practices reflect this. This in turn helps us raise the profile of Aboriginal Victoria, while improving the cultural knowledge of our stakeholders.

VACCHOs Koori Maternity Strategy (KMS) and Cultural Safety Team (CST) have been working with Maternity Services Education Program (MSEP) to deliver cultural safety in Maternity Care Workshops. Workshops have been delivered at Wimmera Health (Horsham) and Western Health (Sunshine) to over 30 participants.

The cultural safety program continues to assist mainstream services to improve on their cultural service practices, including but not limited to the service environment, policies and procedures, stakeholder networks, recruitment and retention processes and many other areas relevant to service improvements.

The cultural safety program reviewed its delivery and participant numbers since the program's inception in 2012, where it was identified that the program had increased it program attendance by 773% since its first delivery. As of 30 June 2016, VACCHO has delivered a total of 159 workshops and trained 2,842 people in cultural safety.

### Goal 2: Quality workforce

To support the development of a creative, knowledgeable, skilled, experienced and committed workforce throughout mainstream and Aboriginal Community Controlled Organisations.

### Our achievements

The Victorian Committee for Aged Care and Disability Members have been supported to access training and workshops for professional development.

VACCHO received funding towards the end of this financial year to undertake a Disability and Aged Care Response project. The project will include building the capacity of ACCO staff to move safely through the reforms as block funding for services transitions to a client driven purchaser model.

An Integrated Workforce Development workshop was held at VACCHO in February to explore better ways to support the Aboriginal and Torres Strait Mental Health, Alcohol and Drug and Social and Emotional Wellbeing Workforces. Representatives from VACCHO, Department of Health and Human Services, Australian Government Department of Health and Department of Prime Minister and Cabinet attended. As a result of the workshop, VACCHO, with support from DHHS has secured funding to support a new Workforce Development Policy Officer role that will identify training needs of the Mental Health and Alcohol and Drug Workforces and implement a training calendar to meet their needs.

VACCHO has held state wide forums/gatherings to support many workforce networks, each forum/gathering aims to build upon the skills of the specific workforce and provide relevant information and training to support each worker to expand on their current skills to meet the needs of their Communities.

The following state-wide forums/gatherings were held:

- Improving Care for Aboriginal Patients (Aboriginal Hospital Liaison Officers and Koori Mental Health Liaison Officers)
- Social and Emotional Wellbeing (Bringing Them Home, Link Up, Alcohol and Other Drugs Workers)
- Koori Maternity Services (Aboriginal Health Workers and Midwives)



The opportunity to come together with colleagues to debrief, hear good news stories and identify better ways to practice are vital to ensure that individual workers feel supported and in turn positively impacts on retention rates.

The HR Capacity Building project has had significant success in establishing an HR function within Member services, conducting *Community of Practice* forums and establishing an active network of HR practitioners across the state. Throughout the duration of this project a variety of professional development sessions, as per identified by the Member services have been conducted, there were:

- HR Community of Practice
- Fit for Duties training
- HR for Leaders
- Investigations training
- Supervision workshop
- Bullying and Harassment training.

Through the project two HR forums were conducted in Geelong in October 2015 and May 2016. All Members are invited to attend and in total there were 40 people who participated across both 2-day forums. The topics participants seemed to be most receptive of were:

- Developing an Aboriginal employment strategy
- Managing change
- Managing emotional wellbeing in the workplace
- Organisational culture and employer branding
- Professional development
- Training needs analysis
- Annual performance process
- Developing manager competencies
- Yarning circle

A graduation ceremony, held on 14th April, was a dedicated day to celebrate the 123 graduating students who had successfully completed qualifications from 2012-2015. VACCHO acknowledge their students' commitment to their communities and employers through their hard work, achievements and the much needed support they provide to Aboriginal people.

A Koolin Balit funded Alcohol and Drug Project has commenced to provide training and associated resources to improve understanding of harm reduction approaches to alcohol and other drug use for health workforce in ACCHOs and ACCOs.

Three Member meetings, two CEO Professional Network meetings and one Annual General meeting were held during this period in with 266 participants in attendance.

The VACCHO Members meeting provides the opportunity for our Members to share information with other organisations facing the same issues, offer solutions. The Member meetings also provide VACCHO a platform to monitor current trends, assist Members with current issues, set advocacy priorities and gather information to inform policy development.

CEO Professional Network meetings provide an opportunity for the CEO's of our Member organisations to meet and share information, discuss issues pertaining to their organisations and communities as well as identify and address local and regional priorities.

### Goal 3: Quality services

VACCHO has been building upon the capacity of our network to deliver culturally appropriate healthcare services to the Victorian Aboriginal community. By utilising our strengthening network we have been able to influence providers of programs that address health needs in accordance with social determinants. We have therefore been able to ensure our ability to meet the diversifying needs of our Members and stakeholders.

### Our achievements

VACCHO actively participated in the Review of NACCHO and Jurisdictional Peak Bodies conducted by NOUS Group for the Commonwealth Department of Health and Ageing. The review related to the investment by the Department to help guide decision making about future funded activities for peak bodies. The review took over 12 months to complete and VACCHO undertook a substantial amount of work to compile a comprehensive submission to the review. We would like to thank those Member organisations and key stakeholders who provided input and VACCHO is very pleased with the result for our organisation. The National document is to be released by the Minister at some stage next financial year.

In partnership with Palliative Care Victoria, the inaugural Cherie Waight Aboriginal Palliative Care Symposium was held in December with over 100 attendees from the Aboriginal health and palliative care sector coming together to identify strategies to improve access to culturally responsive palliative care. The Victorian Health Minister, Hon. Jill Hennessy, announced new funding for three Cherie Waight Aboriginal Palliative Care Scholarships. She paid tribute to Cherie's visionary leadership and commitment to address the gap in Aboriginal palliative care.

With increased focus on Aboriginal early years, in particular Maternal Child Health (MCH) and with participation still lower for Aboriginal families to identify how MCH services could better respond to the needs of Aboriginal families, the Department of Education and Training initiated a review of Aboriginal families' engagement with MCH services. VACCHO was engaged to undertake Phase 1 of the Review to analyse the current scope of MCH service provision to Aboriginal families and identify – from a service provider perspective – potential factors that

affected Aboriginal children and families' access to MCH services. During Phase 1 VACCHO consulted with 62 health professionals from 26 organisations through an online survey and faceto-face workshops.

The Sector Quality Improvement (SQI) team continues to work closely with several Member organisations primarily providing intense support to assist with service and program planning, accreditation and quality improvement processes. The quality and accreditation program is a crucial component of the work the SQI team continues to provide to Members upon request and assists the organisations to meet the requirements of the various accreditation frameworks they are obligated to perform against.

Some of this support has been provided through the services for members of their community.

An example of this work was with one Member who Invited VACCHO to facilitate a community meeting with their Elders groups. Approximately 20 local Elders attended and talked about membership and constitutional

matters, as well as good governance more broadly and what it this actually looks like and what are their rights in making changes.

Other examples of this work have been where the SQI team assisted some Members to review their Model Rules/Constitution either by facilitating community meetings or providing advice on wording for proposed changes.

The Quality and Accreditation program within the SQI continues to provide support to Members upon request to assist the organisations to meet the increasing range of requirements of accreditation framework.

During this period the program received a request to provide intense support to three (3) Member services to assist them to achieve their accreditation and to ensure they met the requirements of the National Safety and Quality Health Service (NSQHS) Standards. Primarily

the support provided to these three services was around Dental Accreditation, which are new standards for VACCHO to support Members with and are aligned against hospital grade standards.

The Quality and Accreditation program continues to respond to requests from the Member services seeking support with the following accreditation and quality frameworks:

- Quality Improvement Council (QIC) Standards
- ISO9001 Standards
- Royal Australasian College of General Practitioners (RACGP) Standards
- Human Services Standards (DHHS)
- National Safety and Quality Health Standards (NSQHS)



VACCHO's Data Strategy was ratified by 20 Members. This Data Strategy enables deidentified health service data representing 20,000 Aboriginal people living in Victoria to be transmitted to VACCHO each month through a PENCAT

extract. This makes it one of the largest and most significant Aboriginal health data sets in Victoria.

A Member Data Advisory Group was established and will identify data and health information priorities (for analysis, reporting, advocacy) as identified by the services. VACCHO, in consultation with Member CEOs, is developing data sharing guidelines that will manage internal and external requests for access to de-identified health service data.

The Deadly Sexy Health Kit training has commenced within several services (with great acceptance and success) and will continue to be rolled out to all Member organisations throughout 2016. The kit and training enables ACCO staff to deliver education forums aimed at increasing the participants' understanding of healthy relationships along with evidence based knowledge topics relating to sexual health and blood borne viruses.

VACCHO's Nutrition team developed a successful health promotion campaign "Rethink Sugary Drinks" in partnership with Cancer Council Victoria. The video and media launch within Member services and though mainstream broadcasters highlights the need for reducing the consumption of drinks containing high sugar levels within our communities.



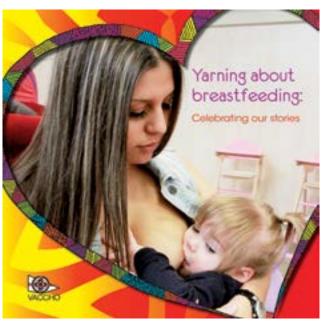
The gestational diabetes educational tool, *FeltMum*, which is an addition to the *FeltMan* resource was launched in partnership with Diabetes Victoria and is now being rolled out across the state.

Distribution of the new Eye Health brochures is being rolled out to VACCHO Member services and at health promotion events for Community members.

VACCHO's Sexy Health Team are working with key stakeholders and Member organisations to develop and deliver workforce education and training for the new hepatitis C treatments and accompanying resources.

Increasing General Practitioner Registrars (GPRs) within our Member services has continued to be a focus of VACCHO in partnership with the two newly formed Registered Training Organisations. We will continue to work with our Members to enable GPR placements so that clinical service delivery is increased and enhanced within community.

A new breastfeeding resource was produced with beautiful photos. 'Yarning about breastfeeding: Sharing our Stories' showcases Aboriginal Victorian families stories about breastfeeding and KMS sites that support families. This was launched on the fourth August.



VACCHO co-ordinates the Western District ACCO consortia (six ACCOs) to support the development and implementation of a Tackling Indigenous Smoking (TIS) program in accordance with Commonwealth Health guidelines and the identified needs and activities across the six ACCOs. Additional funding was sought and received that enabled MDAS to join the TIS consortium. This has extended the program of work being implemented by the 10 sites to more than 6,000 Community members living in Western Victoria. The key groups that will be targeted include:

- Children and young people
- Pregnant women
- Young mums and dads
- Adults
- Elders

VACCHO's Working Together for Health (prevention in the primary healthcare setting) Coordinator developed a statewide network, and held several meetings with project partners, conducted several Member visits, developed data dashboards and provided practice/clinical systems support and advice.

As a result of this feedback from consultation at forums and collection of data from training needs analysis of the Aboriginal workforce, the ETU is in the process of putting the Diploma of Indigenous Spiritual and Emotional Wellbeing course back on scope for delivery.

## VACCHO Annual Report 2015-16

### Goal 4: Quality Infrastructure

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

### **Our achievements**

In response to sustained Member lobbying, VACCHO has increased its capacity to add *Sustainability of ACCO Managed Aboriginal Housing* to their work. VACCHO is partnering with Member ACCOs to focus on projects to enhance the sustainability of Member ACCOs housing priorities. The work will provide enhanced advocacy and lobbying to achieve:

- improved capacity and capability in housing management
- expand housing stock and increase flexible housing options for community Members
- develop "housing" as a sustainable economic development venture providing revenue to ACCOs and providing employment for community Members e.g. in maintenance crews
- improve the capacity of ACCOs to provide wrap-around services to meet the needs of community Members/ tenants and to assist them achieve their life goals.

VACCHO partnered with Aboriginal Housing Victoria to develop a joint submission to Infrastructure Victoria in relation to the development of 30 year Infrastructure Victoria All Things Considered – Exploring options for Victoria's 30-year infrastructure strategy. This plan will develop strategy to address future infrastructure needs. The key points in the submission were:

- to ensure the plan incorporates and embeds Victoria's rich Aboriginal cultural heritage into the thinking, planning and decision making around infrastructure developments/ projects
- address the critical physical and ITC infrastructure needs of Aboriginal Community Controlled organisations
- ensure housing policy and development meets the needs of a rapidly growing Victorian Aboriginal population and takes account of the demographic diversity and needs of the Aboriginal community.

In February the SQI team delivered its first ever Forum for ACCHO Boards in Melbourne. This forum was well attended by approximately 40 Directors of VACCHO Member services. We loved hearing individual stories and seeing Directors from different ACCHOs engaged in issues of good governance, financial management, research, policy change and other matters affecting the sector. Meeting some of our member board directors for the first time, it is exciting to know the calibre of people at the helm of our Member organisations.

The SQI team were successful in their philanthropic application submitted to the Lord Mayors Charitable Fund, the Gandel Trust and public tender submitted to Aboriginal Victoria in seeking funds to design and implement short training courses in governance for our Members and community more broadly, who may already be on a board of management or thinking about a future nomination.

The delivering of Strong Governance in Aboriginal Organisations – Workshops for Boards, individuals and community, funded by Aboriginal Victoria, was rolled out in 2016. This training is open to all Aboriginal Victorians and people working in Aboriginal organisations who are over the age of 18 years.

The first workshop was conducted over three days in June and delivered in Dandenong. The feedback received was very positive and a strong foundation has been established for the remainder of the training to come. Another three workshops have been scheduled for delivery before the end of the year in Echuca, Warrnambool and Melbourne. VACCHO anticipates that the accredited units will commence in the new financial year.

VACCHO's Clinical Continuous Quality Improvement (CCQI) and Data teams supported all Members in the development of their CCQI work plans and the alignment of the National CQI framework with local initiatives being undertaken within Member services. This work will continue throughout 2016.

VACCHO's *Yarnin' Health* Radio Program has been running successfully in the current format with a bi-weekly rotation of content. The program celebrated two full years on the air during NAIDOC week in 2016.

Since its inception *Yarnin' Health* has delivered over 200 interviews and audio segments promoting services and issues related to the Victorian Aboriginal Community;

Due to the success of the program broadcast during the Bendigo Football and Netball Carnival in 2015, planning has commenced for the 2016 Carnival. VACCHO is offering to support the organisers and have a stronger presence there including a 3KND broadcast and calling games over the two days.

## Goal 5: Quality policy and advocacy

Influencing government policy and stakeholders to directly address the health needs of Aboriginal people in Victoria.

### Our achievements

VACCHO has been actively engaged in providing leadership, advice and assistance to Government and departmental agencies into the significant number of key reforms occurring across Victoria. The *Roadmap for Reform* and the recommendations coming from the *Royal Commission into Family Violence* will provide many new opportunities to improve outcomes for the Aboriginal Community and for our Member ACCOS. Both of these reforms will see a significant investment in a range of programs and a whole of system change to support vulnerable families and address the over representation of Aboriginal children and young people entering out of home care.

The imminent enactment of the Increasing choice in home care legislation and other aged care reforms continue to be a focus for VACCHO. We provided a submission to the Commonwealth regarding the first stage of these reforms, which will see aged care packages directly allocated to consumers who will then be able to choose their own provider from 2017. Both the Aged Care reforms and the transition to the National Disability Insurance Scheme provide many opportunities for our Members and we have been continuing the work to provide leadership, advice and assistance at the national and state levels, and to our Members. This work is so our Members have a strategic approach to achieving a workforce and sustainable service delivery model to meet the challenges arising from these changes. VACCHO has continued to be NACCHO's representative on the National Aged Care Alliance (NACA), which has been the key source of Aged care policy advice to the Commonwealth. This participation enables the Australian Aboriginal Community to have every opportunity to engage in quality, safe service delivery these reforms with influence.

The National Aboriginal and Torres Strait Islander Health Plan Implementation plan includes targets which is a 'first' for the Commonwealth Department of Health. The Implementation Plan covers broad changes needed to make the health

system more comprehensive, culturally safe and effective. It notes ACCHOs, Jurisdictional Peaks (VACCHO) and NACCHO as lead agencies across the vast majority of activities. VACCHO is meeting regularly with the Commonwealth Department of Health regarding the Implementation Plan.

The Department of Health and Human Services Health, Wellbeing and Safety plan is in development and VACCHO has provided leadership, advice and detailed submissions with good success to ensure the best possible outcomes can be achieved for Victorian Aboriginal people.

VACCHO has had the opportunity to continue its highly valuable quarterly meetings with the Secretary and Deputy Secretary of the Victorian Department of Health and Human Services. These meetings provide an opportunity for VACCHO to raise the profile of the work and successes of our Members, to provide information sharing and a place where we can raise emerging issues for action.

VACCHO continues to auspice the Victorian Aboriginal Children and Young People's Alliance (the Alliance). The advocacy work of the Alliance has been highly successful and is visible through a number of Ministerial budget announcements and commitments such as:

- the development of a transition team to develop and implement a strategy to transition support services for Aboriginal children and young people who are involved with child protection to ACCOs
- increasing workforce across Victoria for Aboriginal Cultural Support Plans
- the expansion of the Aboriginal Child Specialist Advice and Support Service program to ACCOs and the additional funding to assist ACCO's in applying for Targeted Care Packages.

The successes of the Alliance have been acknowledged by the state Government which has doubled its investment for the Policy and Advocacy roles this financial year.

VACCHO has supported the DHHS Mental Health and Drugs Branch in promoting and conducting stakeholder consultations with the Aboriginal community controlled sector. Consultations have been undertaken with the AHLO/KMHLOs, ACCO CEO's and a state-wide/peak bodies forum with participation from VALS, VAEAI, AAL, VACCA, Outblack, AHBV, SGV and VACCHO.

It became evident during the consultations that, despite several strategies highlighting Aboriginal mental health as a priority, this is an area that has been neglected for an extensive period of

VACCHO Annual Report 2015-16

time. Aboriginal mental health requires urgent attention and investment in holistic, locally accessible, culturally safe and integrated service system responses which align to other state and commonwealth health reforms also occurring in health, disability (NDIS), mental health, social and emotional wellbeing, and drug and alcohol, suicide and self-harm, children and young people, housing and justice to ensure policy and program integration.

Prevention, early intervention and trauma informed responses that are culturally founded were promoted as best practice during consultations as was building the capacity (program, workforce, infrastructure and partnership arrangements) of the Aboriginal community sector to support

the delivery of culturally sensitive services.

The Victorian Government's 10 Year Mental Health Plan was released on 26 November 2015 and is a high level strategic framework that identifies priorities areas for reform. It outlines how Government will proceed in delivering a service system that is responsive and which explores concepts of coproduction and innovation through

consultation, research and evidence informed planning. Advisory mechanisms have been established such as an Expert Reference Group and a number of working groups to support and inform work across a number of areas including Aboriginal social and emotional wellbeing specifically.

The Mental Health and Drugs Branch appointed Helen Kennedy as SEWB Principal Policy Officer to support Aboriginal participation in the development of the Aboriginal Social and Emotional Wellbeing Implementation Plan that was announced within the 10 Year Mental Health Plan.

A regular catch up has been re-established between the Mental Health and Drugs Branch and VACCHO ensuring continued and ongoing dialogue about Aboriginal AoD and mental health issues.

### The Education State: Early Childhood

VACCHO participated in a consultation to discuss the Government's proposed five areas of reform for early childhood services:

- Earlier engagement in learning
- Boost to educational quality
- · More support for parents
- More support for vulnerable and disadvantaged children and families
- Better connection between services

Some feedback and concerns raised by VACCHO include:

- No specific commitment to Aboriginal children. This appears to be a serious omission considering three of the five challenges highlighted within the consultation paper relate to Aboriginal families and children.
  - The inclusion of ACCO Maternal and Child Health Service (MCH) models was raised to demonstate the range of MCH services and other broad ranging early years service options available for families.
  - No reference to children in out of home care, a concern given that over 1200 Aboriginal children are currently in out of home care.
     VACCHO successfully advocated to the Victorian

Department of Health and

Human Services to fund the expansion funding for Koori Maternity Services which was previously funded by the Commonwealth Department of Health under the Indigenous Early Childhood Development – National Partnership Agreement and ceased in 2014. The Victorian DHHS provided transition funding for the past 12 months and in early 2016 formally advised that they are committed to continue to fund the expansion funding recurrently.

The HR Capacity Building Team has been providing guidance upon request on effective policies and procedure developments, implementation and monitoring across the Member services. One particular policy of recent interest to consider for development is a Family Violence policy for workplaces to support employees going through family violence matters, especially where the courts and the law has become involved. To assist with the understanding around this development, the Team attended the *Walk in her Shoes* tour conducted by the Melbourne Magistrates Court of Victoria.

The Cultural Safety Team lobbied state Government and were successful in acquiring them to invest some seed funding to support the commencement of developing the process and supports for commercialising the cultural safety program across VACCHO's Membership. Six Members in total will be approached to seek their interest in being supported to localise the design of VACCHO's cultural safety training package and implement the delivery with support of a business case model and business development support from the team.

VACCHO's Health Evidence team lead a national advocacy campaign (unanimously supported by all State and Territory jurisdictional peak bodies), highlighting the adverse impact of the new "Canning Tool" for nKPI data extraction on Member services.



### Goal 6: Quality partnerships and networks

To improve the accessibility and quality of Aboriginal health services and programs through the development of partnerships and networks with key organisations.

### **Our achievements**

VACCHO has continued to provide leadership and advocacy through several partnership forums to enhance outcomes for Aboriginal health and wellbeing. The work of the Coalition for Aboriginal Health in Victoria continues and is a highly valuable structure made up of 17 civil service organisations who meet and lobby governments to ensure the commitments in the *Statement of Intent to Close the Gap* are achieved.

In February 2016, The Victorian Advisory Council of Koori Health re-signed the Framework Agreement on Victorian Aboriginal and/or Torres Strait Islander Health and Wellbeing 2015-2020 (a tripartite agreement between VACCHO, the Commonwealth Minister for Health and the State Minister for Health). The Council has expanded its membership this year. This expansion is driven by the increasing number of reforms and machinery of government changes, particularly in mental health funding and early years programs, moving to Department of Education and Training at both the state and commonwealth levels. VACKH continues to meet quarterly to action items in its annual plan around the priorities of data, early childhood and mental health.

VACCHO is an active member of the National Close the Gap Steering Committee which is a coalition of Aboriginal and Torres Strait Islander health peak bodies and leaders, mainstream national health organisations and human rights organisations campaigning together for health equality. We played an active role in raising the profile and number of Community member signatories as part of preparations for the 10 year anniversary of the signing of the Statement of Intent to Close the Gap event that took place at Parliament House in Canberra on the 16 February to raise awareness and renew pressure on the Government.

VACCHO is an active Member of the Health and Human Services Partnership Committee. This Committee is co-chaired by the CEO of the Victorian Council of Social Services and

VACCHO Annual Report 2015-16

DHHS. The committee provides peaks such as VACCHO the opportunity to engage with Ministers and Departmental Secretaries on key work such as critical service sector reforms, workforce and planning.

VACCHO, working with the Department of Education and Training and Municipal Association of Victoria, contribute to the successful implementation of the *Roadmap for Reform*'s commitment to "...work with Aboriginal communities to co-design and develop a tailored maternal and child health service for Aboriginal families."

The Quality and Accreditation Program has assisted two Member services to establish peer supported learning and improve knowledge and experience around organisational and clinical standards and quality frameworks. This endeavour proved to be of great benefit to both organisations and has established a new level of trust in supporting each other to retain their accreditation standards and allow them to continue delivering the programs as required by each community.

The Sexual Health and Blood Borne Virus team have collaborated with DHHS and a wide range of service providers to ensure that ACCHOs



The Quality and Accreditation program provides ongoing support to Members pre and post accreditation processes. Some of the activities the program assists services with are:

- Conducting gap audits prior to assessment dates, providing members an action plan with recommendations.
- Supporting members to understand their compliance requirements from a theoretical and practical concept and how they progress any change or improvements as recommended in the audit report findings.
- Validating audit reports conducted by authorising bodies to ensure currency.
- Providing advice and strategy's for improvement in various key specific areas i.e; Clinical Governance, Quality Structures, Risk Management and Compliance.
- Providing resources and tools for Members to utilise.

have the clinical training and health promotion resources for the roll out of new hepatitis C treatments. The Team is a lead agency spearheading clinical and workforce responses to the to increasing HIV diagnosis among Aboriginal people who inject drugs in the inner city region.

VACCHO has actively participated in the development of translational research trials and access for Aboriginal people for the new anti-viral treatments for HIV and improving harm reduction responses in ACCHOs.VACCHO has actively participated in the development of translational research trials and access for Aboriginal people for the new anti-viral treatments for HIV.

The Aboriginal Rethink Sugary Drink community service announcement was broadcast across the WIN TV network in regional Victoria for four weeks in April/May 2016. This is the first time it's been aired on mainstream TV. The Nutrition team ran a social media competition at the same time to promote the benefits of drinking water. Community

members were asked to take a "selfie" drinking water with the #DrinkWaterUMob hashtag. There were five weekly prize packs for four weeks and a grand prize for the overall best 'selfie'.

New Sports Drinks are Gammin! videos have been created in partnership with Cancer Council Victoria (CCV) and will be launched in July. Local Aboriginal sports role models feature in the four videos and talk about why they choose water and not sports drinks.

Our Nutrition Team are supporting a new Aboriginal Population Health Workforce based in LGAs across Victoria. Having met all the recruits and their managers the Team is looking forward to supporting their network over the next 12 months. Strong advocacy continues to DHHS for job security/sustainability for the recruits in this sector.

VACCHO's Smoking Cessation team are working with Alfred Health to develop a webinar series for ACCO staff on the use of nicotine replacement therapies (NRTs).

VACCHO is working with DHHS, Cancer Council Victoria, Members and community groups to identify culturally appropriate community engagement activities that will increase public health screening participation, the patient journey through in-hospital and community cancer treatment phases and increasing access to clinical trials.

Work with the Heart Foundation has commenced with the aim of developing health service models that reduce the incidence of cardio-vascular events within our communities. Prevention and early detection of heart disease or significant risk factors will be the focus.

The Public Health and Research unit recruited an experienced volunteer data analyst and requested data from Victorian hospital emergency department (VEMD) and admissions (VAED) for Aboriginal mental health presentations.

VACCHO continues its involvement with the CREATE Research Leadership group at the South Australian Health and Medical Research Institute in Adelaide. The research program focuses on building evidence based chronic disease knowledge and research capacity within ACCOs nationally.

VACCHO has partnered with LaTrobe University researchers to implement a new midwifery case model for Aboriginal women (to improve health outcomes of newborn babies), across several public hospitals in Melbourne. The research will assess whether the model delivers better health outcomes to new born babies (such as

decreasing the number of babies born with a low birth weight), and improving the satisfaction and engagement of pregnant women throughout their gestational journey.

VACCHO are working with the Youth Support and Advocacy Service (YSAS) on a Koolin Balit AOD Project that will develop health promotion resources and tools with and for Aboriginal young people. The tools will provide education and increase awareness regarding ice, alcohol and other drug use. YSAS and VACCHO have co-facilitated workshops with Aboriginal young people in various locations across the state.

A Clinical Quality Improvement and Sector Quality Forum was held over two days in May, with participants from 20 Member organisations in attendance, and/or presenting. Priorities for action were set by Members at this forum to guide the work of the VACCHO CQI program, and this was fed back to all participants.

Support and input to AH&MRC review of accredited CQI training modules (to be shared with Victoria once finalised).

All VACCHO Members with a primary care service signed Agreement to share data with VACCHO. Progress on this initiative was presented to VACCHO Members, VACCHO CEO Professional Network, VACCHO Staff, Primary Healthcare Networks, Victorian Government, Commonwealth Government, NACCHO and other State/Territory Peaks.

# Samantha Brennan - Health Services Integration Officer , Mallee District Aboriginal Services and Maree Davidson - Facilitator at the CQI Forum

### Goal 7: Sustainability

We aim to expand the diversity of our income sources beyond traditional government grant funding. The income can then be reinvested in our sector to facilitate long-term financial sustainability and growth amongst our Members.

### Our achievements

Over the year the Sector Quality Improvement team has been overwhelmed with the amount of requests coming through seeking our availability to conduct a number of on-site workshops around topics including governance principles,

risk management frameworks, planning and review (strategic and program levels), financial management, clinical governance for Boards, senior management and staff in Member services and at the state-wide CQI forum conducted in May. Through our projects, we have supported a number of Boards to develop more effective planning and review processes, meeting procedures and broad governance skills through an active coaching/mentoring model. This model continues to attract interest from external parties and has enabled VACCHO to

been duly due to VACCHO providing cultural supervision to ACU Tutors and directly observing student oral presentations, as well as being available in class to answer questions concerning cultural capabilities and social determinants in Aboriginal health.

Work has continued with the development of the VACCHO Shared Business Services initiative aimed at improving the sustainability of VACCHO and its Members. The outcomes of the Start-Up phase completion during the year included:

- Independent review and validation of the **Business Case**
- Seven service offering areas (mobile telephony, managed printing, ICT Managed/Hosted services, Medical
  - consumables, Utilities - electricity and gas, Office Consumable and Graphic Design)
  - Service delivery to both Members and Non-members with demonstrated financial savings, risk reduction and quality improvements.

VACCHO staffing growth in the last year has increased by 17 per cent and the organisation has met this demand whilst also continuously streamlining operational systems as well as investigating and implementing new cost effective and efficient services and suppliers for VACCHO.

gain funding from a variety of sources including government and philanthropic grants to enable ongoing program development.

The Cultural Safety program has entered into new territory in working very closely with the Australian Catholic University to assist with the re-writing of what is relevant to include around Aboriginal cultural content in the curriculum and directly working with the non-Aboriginal tutors to improve their confidence to deliver cultural specific content to their students. This has strongly been influenced by the eight Aboriginal ways of learning (aka Aboriginal Pedagogies). A key component in this activity having the success it has had, has



## VACCHO Annual Report 2015-16

### Financial year in review – key focus and activities

### **Revenue Recognition**

This year VACCHO have implemented a better and more accurate revenue recognition. This work arise from the previous period's auditor recommendation.

The revised approach to revenue recognition has improved the transparency and the quality of financial information available to internal users of our financial reports along with as well as providing enhanced levels of financial assurance to external stakeholders. This new system of revenue recognition has greater alignment with the Australian Accounting Standard.

### Rationalisation of banking and investment

A rationalisation process of VACCHO's banking services including an amalgamation of numerous accounts resulted in operating efficiencies along with opportunities to improve the returns available for our working capital. A realised benefit from this work was an additional \$59,000 or 39.6% increase in interest earned from investment against the previous period without a material change to the financial risk profile.

### **Bank account reconciliation**

During the period, a range of improved financial controls were implemented. These improved internal controls included for example, changes to bank account reconciliations, separation or segregation of duties and sign off on the organisation's cash receipts and payments

### **Auspicing Accounts**

This year, activities delivered by VACCHO under auspice arrangements were isolated from the main statements. This provides improves transparency and a more accurate representation of VACCHO's financial position.

### Preparation for a new financial management system

For the 2015-2016 financial year, considerable preparation work was completed for a 1 July 2016 'go-live' date for a new financial management system.

Identified as no longer meeting our future financial management and reporting needs, a replacement project for the existing software was commenced and completed. This work progressed through the planning, consultation, purchase and installation phases of the new system; Microsoft Dynamics NAVISION. The multiple benefits to be realised

in the next period will be better record keeping functionality and financial control, better data integrity, a reduced risk of data manipulation as well as better control of the Masterfile and security of the accounting records.

### A snapshot of VACCHO's financial performance for the 2015-16 year:

VACCHO's overall financial position continued to strengthen in 2015-16.

The main contribution to this year's strengthening, as indicated by the performance ratios below, came from efficiency improvements. This was achieved through the implementation of various activities aimed at reducing both administration costs and program expenditures.

These general improvement in processes, value from services and accounting measurement approach have resulted in the improvement to VACCHO's working capital.

Administration Efficiency

2016: 19.40 2015: 21.78

A decreased percentage of revenue spent on administrative expenses

Program Efficiency

2016: 19.85 2015: 24.76

Shows improved productivity rate of the programs and an ability to achieve program outcomes / deliverables at a more efficient rate.

Working Capital

2016: 1.82 2015: 1.69

This ratio shows VACCHOs ability to pay for its debt with its current assets. It shows its efficiency and short-term financial health.

Economic Dependency

2016: 90.89 2015: 91.14

This shows government contribution to VACCHO

Note

Administration Efficiency
(Total administration cost divided by total expenditure)

Program Efficiency (Total program cost divided by total expenditure)

Working Capital
(Total current asset divided by total current liabilities)

Economic Dependency (Total income received from government divided by total revenue)

### STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR YEAR ENDED 30 JUNE 2016

REVENUE	2016 \$	2015 \$
Grants and funding	8,925,665	9,264,546
Other income	894,698	850,582
TOTAL REVENUE	9,820,363	10,115,128
EXPENDITURE		
Program operational expenses	1,771,624	2,108,785
Employee expenses	5,839,206	5,206,637
Depreciation expenses	185,901	219,656
Office expenses	476,062	641,377
Other expenses	653,451	339,084
TOTAL EXPENDITURE	8,926,244	8,515,539
Surplus Before Income Tax for the year		
attributable to Members of the Entity Other Comprehensive Income	894,119 -	1,599,589 -
Total Comprehensive Income for the year		
attributable to Members of the Entity	894,119	1,599,589

### Note

### VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION INC A.B.N. 67498114972

### STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

Cash and cash equivalents         5,127,640         2,854,921           Trade and other receivables         274,959         275,595           Financial assets         4,704,388         4,606,190           Other         52,259         24,629           TOTAL CURRENT ASSETS         10,159,246         7,761,335           NON-CURRENT ASSETS         8         6,709,399         6,755,297           TOTAL NON-CURRENT ASSETS         6,709,399         6,755,297           TOTAL ASSETS         16,868,645         14,516,632           CURRENT LIABILITIES         1,329,756         1,503,361           Employee benefits         486,516         369,526           Deferred income         3,760,177         2,212,153           TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY         7,761,335         10,313,649           TOTAL EQUITY         11,207,768         10,313,649	CURRENT ASSETS	2016 \$	2015 \$
Financial assets Other         4,704,388 52,259         4,606,190 24,629           TOTAL CURRENT ASSETS         10,159,246         7,761,335           NON-CURRENT ASSETS         8         8           Property, plant and equipment         6,709,399         6,755,297           TOTAL NON-CURRENT ASSETS         6,709,399         6,755,297           TOTAL ASSETS         16,868,645         14,516,632           CURRENT LIABILITIES         1,329,756         1,503,361           Employee benefits         486,516         369,526           Deferred income         3,760,177         2,212,153           TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649			
Other         52,259         24,629           TOTAL CURRENT ASSETS         10,159,246         7,761,335           NON-CURRENT ASSETS         5,709,399         6,755,297           TOTAL NON-CURRENT ASSETS         6,709,399         6,755,297           TOTAL ASSETS         16,868,645         14,516,632           CURRENT LIABILITIES         1,329,756         1,503,361         369,526           Deferred income         3,760,177         2,212,153           TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649			
TOTAL CURRENT ASSETS         10,159,246         7,761,335           NON-CURRENT ASSETS         6,709,399         6,755,297           TOTAL NON-CURRENT ASSETS         6,709,399         6,755,297           TOTAL ASSETS         16,868,645         14,516,632           CURRENT LIABILITIES         1,329,756         1,503,361           Employee benefits         486,516         369,526           Deferred income         3,760,177         2,212,153           TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649			
NON-CURRENT ASSETS           Property, plant and equipment         6,709,399         6,755,297           TOTAL NON-CURRENT ASSETS         6,709,399         6,755,297           TOTAL ASSETS         16,868,645         14,516,632           CURRENT LIABILITIES         1,329,756         1,503,361           Employee benefits         486,516         369,526           Deferred income         3,760,177         2,212,153           TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649	Citici	02,200	24,020
Property, plant and equipment         6,709,399         6,755,297           TOTAL NON-CURRENT ASSETS         6,709,399         6,755,297           TOTAL ASSETS         16,868,645         14,516,632           CURRENT LIABILITIES         Trade and other payables           Employee benefits         486,516         369,526           Deferred income         3,760,177         2,212,153           TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649	TOTAL CURRENT ASSETS	10,159,246	7,761,335
TOTAL NON-CURRENT ASSETS         6,709,399         6,755,297           TOTAL ASSETS         16,868,645         14,516,632           CURRENT LIABILITIES           Trade and other payables         1,329,756         1,503,361           Employee benefits         486,516         369,526           Deferred income         3,760,177         2,212,153           TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649	NON-CURRENT ASSETS		
TOTAL ASSETS         16,868,645         14,516,632           CURRENT LIABILITIES           Trade and other payables         1,329,756         1,503,361           Employee benefits         486,516         369,526           Deferred income         3,760,177         2,212,153           TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649	Property, plant and equipment	6,709,399	6,755,297
CURRENT LIABILITIES         Trade and other payables       1,329,756       1,503,361         Employee benefits       486,516       369,526         Deferred income       3,760,177       2,212,153         TOTAL CURRENT LIABILITIES       5,576,449       4,085,040         NON-CURRENT LIABILITIES       84,428       117,943         TOTAL NON-CURRENT LIABILITIES       84,428       117,943         TOTAL LIABILITIES       5,660,877       4,202,983         NET ASSETS       11,207,768       10,313,649         EQUITY Retained surpluses       11,207,768       10,313,649	TOTAL NON-CURRENT ASSETS	6,709,399	6,755,297
Trade and other payables         1,329,756         1,503,361           Employee benefits         486,516         369,526           Deferred income         3,760,177         2,212,153           TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649	TOTAL ASSETS	16,868,645	14,516,632
Employee benefits Deferred income       486,516 369,526 3,760,177 2,212,153         TOTAL CURRENT LIABILITIES       5,576,449 4,085,040         NON-CURRENT LIABILITIES       84,428 117,943         TOTAL NON-CURRENT LIABILITIES       84,428 117,943         TOTAL LIABILITIES       5,660,877 4,202,983         NET ASSETS       11,207,768 10,313,649         EQUITY Retained surpluses       11,207,768 10,313,649	CURRENT LIABILITIES		
Deferred income         3,760,177         2,212,153           TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649			
TOTAL CURRENT LIABILITIES         5,576,449         4,085,040           NON-CURRENT LIABILITIES         84,428         117,943           TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649			
NON-CURRENT LIABILITIES         Employee benefits       84,428       117,943         TOTAL NON-CURRENT LIABILITIES       84,428       117,943         TOTAL LIABILITIES       5,660,877       4,202,983         NET ASSETS       11,207,768       10,313,649         EQUITY Retained surpluses       11,207,768       10,313,649	Deferred income	3,760,177	2,212,153
Employee benefits       84,428       117,943         TOTAL NON-CURRENT LIABILITIES       84,428       117,943         TOTAL LIABILITIES       5,660,877       4,202,983         NET ASSETS       11,207,768       10,313,649         EQUITY Retained surpluses       11,207,768       10,313,649	TOTAL CURRENT LIABILITIES	5,576,449	4,085,040
TOTAL NON-CURRENT LIABILITIES         84,428         117,943           TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649	NON-CURRENT LIABILITIES		
TOTAL LIABILITIES         5,660,877         4,202,983           NET ASSETS         11,207,768         10,313,649           EQUITY Retained surpluses         11,207,768         10,313,649	Employee benefits	84,428	117,943
NET ASSETS         11,207,768         10,313,649           EQUITY         To,313,649           Retained surpluses         11,207,768         10,313,649	TOTAL NON-CURRENT LIABILITIES	84,428	117,943
NET ASSETS         11,207,768         10,313,649           EQUITY         To,313,649           Retained surpluses         11,207,768         10,313,649	TOTAL LIADULTIES	E CC0 077	4 202 002
EQUITY Retained surpluses 11,207,768 10,313,649	TOTAL LIABILITIES	5,000,077	4,202,963
Retained surpluses 11,207,768 10,313,649	NET ASSETS	11,207,768	10,313,649
TOTAL EQUITY 11,207,768 10,313,649	•	11,207,768	10,313,649
	TOTAL EQUITY	11,207,768	10,313,649

### Note

The above Statement of Financial Position is only an extract of VACCHO's Annual Financial Statements (AFS). A copy of the VACCHO AFS 2016 is available on request.

### VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION INC A.B.N. 67498114972

### STATEMENT OF CHANGES IN EQUITY FOR YEAR ENDED 30 JUNE 2016

	General Building Reserve	Retained Surpluses	Total Equity
	\$	\$	\$
2015			
Balance at 1 July 2014	-	8,714,060	8,714,060
Surplus attributable to members	-	1,599,589	1,599,589
Balance at 30 June 2015	-	10,313,649	10,313,649
2016			
Balance at 1 July 2015	-	10,313,649	10,313,649
Surplus attributable to members	-	894,119	894,119
Balance at 30 June 2016	_	11,207,768	11,207,768

### Note

The above Statement is only an extract of VACCHO's Annual Financial Statements (AFS). A copy of the VACCHO AFS 2016 is available on request.

### VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION INC A.B.N. 67498114972

### STATEMENT OF CASH FLOWS FOR YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
Cash flows from operating activities		
Receipts from customers/funders	10,821,647	10,564,777
Interest received	149,589	94,774
Payments to suppliers and employees	(8,453,384)	(8,758,176)
Net cash from operating activities	2,517,852	1,901,375
Cash flows from investing activities		
Payment for purchase of property, plant and equipment	(140,003)	(27,926)
Payment for investments	(105,130)	(2,578,381)
Net used in investing activities	(245,133)	(2,606,307)
Net increase/(decrease) in cash Cash and cash equivalents at the beginning of the	2,272,719	(704,932)
financial year	2,854,921	3,559,853
Cash and cash equivalents at the end of the financial year	5,127,640	2,854,921

### Note

## Aboriginal health is everybody's responsibility.

## It is VACCHO's core business.

Victorian Aboriginal Community Controlled Health Organisation Inc. Annual Report 2015-16



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