



KIRRAE HEALTH SERVICE Inc.

ANNUAL REPORT 2016-17



About Us

We are located in the Framlingham Aboriginal Community which is situated on Gunditjmara Country on the western plains of Victoria. In 1861 Framlingham was established as an Aboriginal reserve by the Board for Protection of Aborigines. Kirrae Health Service began in the late 1970's.

For all intents and purposes Framlingham Aboriginal Settlement operates as a small town on Aboriginal land and is home base to and provides essential services to its people. Members may live at Framlingham, as well as in Warrnambool, Koroit, Yambuk, Allansford, Princetown, Terang and Bushfield.

Our Mission

Kirrae Health Service exists in order to service the physical, mental and emotional health needs of the Framlingham Aboriginal community and surrounds in a manner that is effective, culturally sensitive and acceptable to the community.

Our Services

Kirrae Health Service is a nationally Accredited Health and Community Services organisation providing:

- o Registered nurse on site
- o Visiting GP's
- o Maternal child health nurse
- o Chronic illness management
- o Health promotion activities
- o Health screening
- o Health education
- o Transport for medical appointments
- o Ante natal care
- o Drug and alcohol medical services
- o Optometry
- o Hearing
- o Immunisations
- o Home and community care

- o Health checks
- o Breast screening
- o Smoking cessation
- o Care planning
- o Glucose checks
- o Blood pressure checks
- o BMI's
- o Pap smears
- o Diabetes checks
- o Children's activities – play group, holiday program, homework group
- o Social, emotional and wellbeing services, counselling, advocacy, family therapy
- o Physical activity groups – walking, self-defence, fitness, gym, swimming
- o Much, much, more...

Our Board

Tanya McDonald
Chairperson

Billy McGuinness
Deputy Chair

Brian Davis
Member

Geoff Clark
Member

Trudy Clark
Member



Left : Fay – Flu Vaccination



Right : Merinda – NAIDOC Day

Objectives 2017–2021

Kirrae Health Service Strategic Plan Objectives are to:

Strategic Objective 1:

Maintain a viable, independent, accessible and culturally safe health and community service for the Framlingham community and surrounding service area.

Strategic Objective 2:

Increase the range of services that Kirrae Health Service can deliver of its own accord.

Strategic Objective 3:

Older and disabled people of the community are supported to remain in their homes longer.

Strategic Objective 4:

Improve social supports, educational supports, employment prospects and health awareness for the young people of Framlingham and surrounding districts.

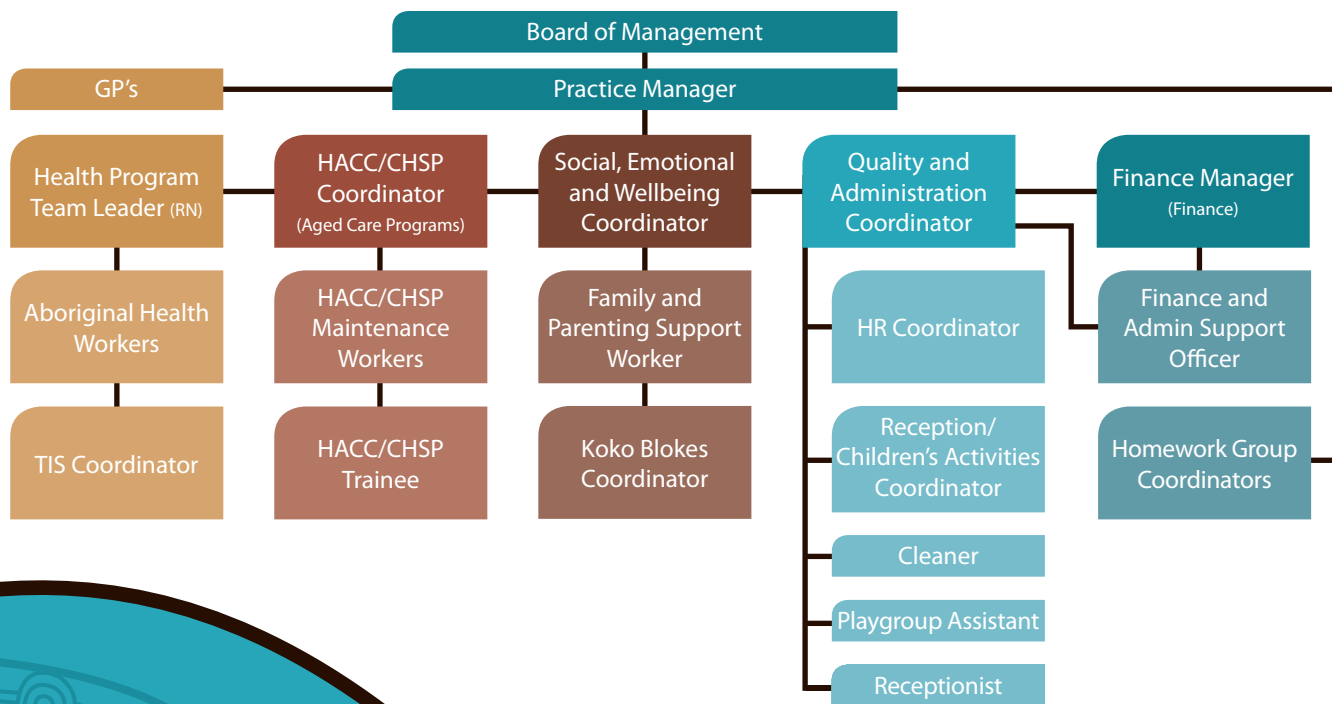
Strategic Objective 5:

Families are supported to stay together, make healthy lifestyle choices and improve mental health and wellbeing.

Strategic Objective 6:

KHS utilises Governance, Operational and Financial Best Practices.

Structure Chart





Tanya McDonald • Chairperson

Chairperson

The Board of Management wish to acknowledge and pay respect to the elders and community members who have passed over in the 2016/2017 reporting period.

Over the past reporting year the programs serviced by Kirrae Health Service has continued to grow with more clients using the services and utilising the fantastic current and new programs and extended services on offer. My gratitude to the children's activities staff, the great playgroup attendance and the active school holiday program that encourages health, fitness, positive future to the community children and families for that positive, interactive and culture connectedness.

Kirrae was excited to announce the start of the QUIT smoking program (TIS). This is in its start-up phase and has been a big learning curve for Tanaya Harradine. It has produced lots of conversation and has successfully started to help several people to actually QUIT smoking. This will clearly continue to help and encourage other's in the community to get on board. This was launched by a YouTube "Up in Smoke" music video written and performed by the kids of the community. Follow up ads are proudly plastered on the back of a local public transport bus around the district.

A fantastic effort from the health team produced an increase in health checks, walking and fitness challenges and the fruit program that delivers approximately 42,000 pieces of fruit per year to the community children to support the health nutrition while attending school and in normal home lifestyle.

Another great success for Kirrae was receiving a grant to start up our new program 'Koko Blokes'. This program deals with positive role-modelling and issues around drug and alcohol use, domestic violence and respect for boys aged 8 to 17. This is being delivered through a range of localised activities, including workshops, forums, social media, cultural activities, music, education and sporting activities. This will definantly keep the Coordinator, Aaron Hagan and helpers on their toes to be that role model for these talented community boys and young men.

The Community Care Coordinator (CHSP - aged care and HACC - young people with disabilities) Ivy Clark coordinated the great bunch of women who produced the amazing, beeyootiful possum skin cloak with traditional and unique possum skin art.

The CHSP and HACC programs aim to assist people in staying active, involved and doing as much for themselves as possible. Goals are individual with services that are flexible. The service aims to promote wellness, quality of life, independence and keeping people connected within the community. Ivy is also a versatile team player helping as Finance Support with the Finance Manager Diom Vafidis. With the growing number of services and clients there is an obvious increase in the level of reporting and increase in the statistics which shows that the health service is actively aiming to meet the key performance indicators required as part of our funding agreements.

As well as the annual audit and the preparation for another round of accreditation, this has been a very busy time for Diom. I would like acknowledge his professionalism, dedication and contribution to Kirrae and the community.

A big success and the continuation of the Social, Emotional and Wellbeing Program (SEWB) proves to be a great strength for Kirrae, with the excellent quality of service and advocacy provided by the Coordinator Brian Medew. In late 2016 a SEWB conference was held at the Lady Bay in Warrnambool. Kirrae was asked to do a presentation which included Kirrae's respected Elder Lionel Harradine, a talk by Brian Davis, myself as chairperson and Brian Medew, a respected representative from Kirrae to speak on behalf of Kirrae and the SEWB program. This then followed with a cultural tour of the settlement where Kirrae provided lunch to all conference delegates.

Thanks to Paula O'Brien who works tirelessly for the continued improvement, quality and services Kirrae provide for their community and extended clientele.

I also have to acknowledge the dedication and commitment of the Practice Manager, Nonnie Harradine, who continues to deliver for the better outcome and future for this community.

I also acknowledge the community input into the 2017-2021 strategic planning consultation that's been endorsed by the Board of Management and is now being put in place.

As Chairperson I greatly appreciate the hard work all Kirrae Health Service Staff have delivered to their clients and community as well as the respected other service providers such as doctors, child & material nurse, hearing, eyes, dentist, other health needs, Justice, WRAD, Centrelink, WDEA, education providers, plus many more.

Thank you for the support and dedication to Kirrae Health Service for the excellent quality of health care provided to our community.

Tanya McDonald
Chairperson

From the Practice Manager

2016/2017 was definitely a busy and exciting year for Kirrae. We have reshuffled a few staff into other areas or added to their current duties with new programs opening up, which you will read about in the other program reports.

Kirrae has been re-accredited in August for the QIC National Health and Community Service Standards, having met all 18 standards and exceeding in 2. We exceeded in standard 2.3 Ensuring Cultural Safety and Appropriateness and Standard 3.3 Incorporation and Contribution to Good Practice. So on that note I would like to thank Paula O'Brien who has the task of keeping accreditation on track. Our Kirrae staff are always striving to improve our service and programs. They never hesitate to work out 'how can we do this better' and ensure the whole team know how to go about things.

We have engaged Dr Chandanvir which has added another 2 clinic sessions to our Dr Hall and Dr Hedgland clinics. Increasing our Dr sessions helps us to ensure the community has more regular access to Drs and good health care as well as help us strive to reach our health targets.

We have continued our involvement with Koolin Balit and SWAHP, who are both undergoing a bit of a change in identity with new staff and name changes. We continue to



Nonnie Harradine • Practice Manager

work with Justice through RAJAC and LAJAC, and offer onsite support from WDEA and Centrelink each week. We continue to work with other ACCHO's in the region, offering support where appropriate.

Thanks to my very reliable staff who are always working above and beyond to make sure our clients are receiving the best services possible, and our activities are always held with a smile and lots of laughter. A BIG THANK-YOU GUYS.

Last but not least our Framlingham Community and surrounding areas clients, without your constant support our service would not exist.

Nonnie Harradine
Practice Manager



Left : Nonnie and Chayce – NAIDOC Day

Middle : Paula – the sad Elf

Right : Brian, Detective Whoosit

Far right : Judy, Teneshia, Alieria, Jada – Biggest Morning Tea

Quality and Administration Coordinator

What a fab year! The admin team has worked hard this year to ensure the spread of knowledge across the team. They have documented great procedures and really gotten to know their stuff. An admin team member may be asked to make phone calls and scan documents in one breath, then transport a client, pack fruit, book appointments, reorder ink cartridges, read a book out loud to playgroup children, help with community lunch, check the Defibrillator or change the backup tapes in the server with another. Multi-tasking! Everyone wears multiple hats and undertakes a wide variety of differing jobs, vital for success at Kirrae. It is a credit to them when they pull together and help Kirrae deliver the services we need to, regardless of what hat they are wearing on what day.

The admin gang have continued to oversee the Kirrae Fruit Program. It is a significant job to pack and hand deliver over 10,000 pieces of fruit each term, job well done! They have helped to pull off major community events including the very popular Australia's Biggest Morning Tea and our annual NAIDOC celebrations.

At the end of August last year we welcomed to the team a dedicated HR Coordinator Nikki, to have a laser focus on good HR practice. A great support, Nikki has been working with staff across the board to help them achieve their goals through coaching and mentoring. Staff are busily undertaking training, holding positive conversations and delivering their work plans in fine fashion.

Lots of detail orientated tasks went the Admin crews way during this period, all part of the ongoing accreditation cycle. They did a great job and the Accreditation Assessment Team congratulated Kirrae on its quality systems. Everyone at Kirrae participates in internal audits, some that occur each month, some each quarter, some each year. Everyone tosses their ideas for Continuous Improvement in the ring, which are duly added to our Continuous Improvement Register. Over 93% of improvement ideas suggested were implemented according to our last CQI Trend Report, a fantastic showing of Continuous Quality Improvement (aka 'what's Deadly at Kirrae') being embedded across the whole organisation.

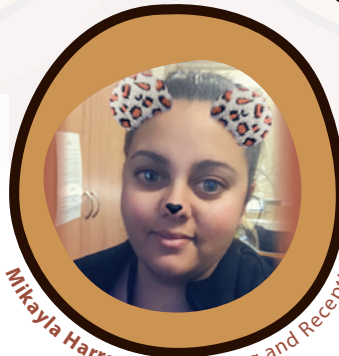
Thanks Kimberley, Teneshia, Tanaya, Mikayla, Nikki and Ivy!

Paula O'Brien

Quality and Administration Coordinator



Paula O'Brien • Quality and Administration Coordinator



Mikayla Harradine • Cleaning and Reception



Nikki Beaver • HR Coordinator



Health Program

The Health Team has had a very busy year again. Health workers attended many workshops and webinars over the past year, which has been a great learning experience. Some of the training included: Asthma awareness and treatments, Diabetes prevention and treatments, an Autism awareness workshop, dementia awareness and Mental Health First Aide training. By keeping up to date with new technologies and treatments, we are able to provide a wide range of health programs for the Kirrae Community.

One of the workshops the Health Team attended detailed the events of November 21st last year where there was a large episode of Thunderstorm Asthma, and many people died. The Health Team have been working on building Asthma awareness in the community and Asthma First Aid.

The fruit program continues to be a huge success, with fantastic feedback from parents and children within the community. Currently KHS delivers 14 pieces of fruit weekly to 70 children attending school, during the school terms.

KHS now has access to secure messaging through the ARGUS program. This program ensures any clinical information which needs to be shared or communicated via the internet, with other Health Professionals, can be done so with complete confidentiality. This system was installed in April 2017.

KHS also has a new facility which can help with prescription issues. All scripts printed from KHS now have a bar code on them which enables pharmacies to have better control over prescribing and dispensing medications.



Ann Litster • Aboriginal Health Worker



Meg Wareham • Health Team Leader

Kirrae continues to have a great working relationship with our visiting services. Wimmera Hearing bus visited KHS three times this year, screening children and adults for hearing problems. Together with Australian College of Optometry, these visiting services play a vital role in the prevention of hearing and vision issues in the community. Kirrae looks forward to continuing the relationship with both service providers.

We have a Maternal Child Health nurse from the Moyne Shire who visits Kirrae on a monthly basis. This enables clients to have a friendly chat or consult regarding their child's health. This is a fantastic service, which will continue to provide helpful information and clinical service for parents and their children.

Kirrae hosted another successful Annual Flu night for the community. Eighty one clients are currently immunised against the deadly Influenza virus. This is always a well-accepted health promotion event within the community, which is vital in preventing the Influenza virus from showing its ugly head in the community.

Kirrae Health Service employed a new GP this year. Dr Chandanvir comes from Warrnambool Medical Clinic and is very interested in Indigenous Health. She has been well accepted by the community and is looking forward to increasing her sessions to consult twice per month.

Kirrae Health Service invested in some vital testing equipment this year, which enables many of our clients to have some of their blood tests performed within the building. This is a fantastic service not just for our clients but for meeting our NKPI's for reporting requirements.



Far left : Christmas Lunch

Left : Wirann, Narrah and Jamarra – Fire Safety

Right : Fishing for your Prostate Competition

Middle : Aaron and Hayden – TIS Boxing

Far right : Mousie, Bernie and Fay – Biggest Morning Tea

Health Program

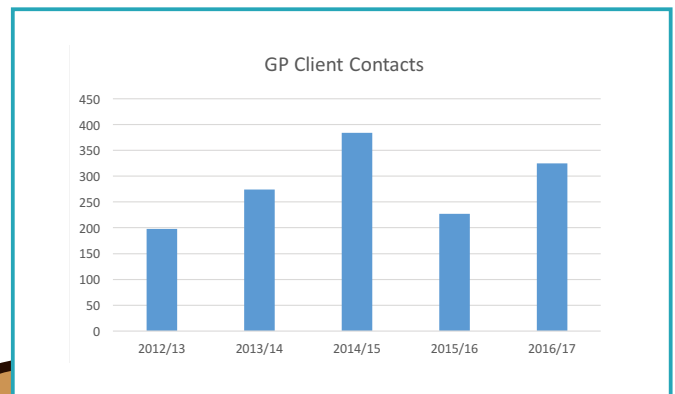
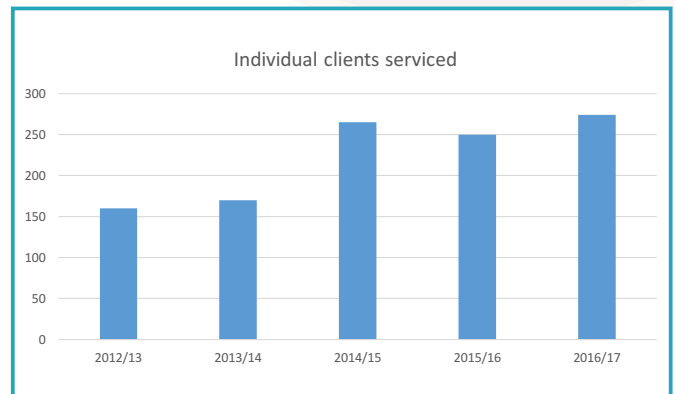
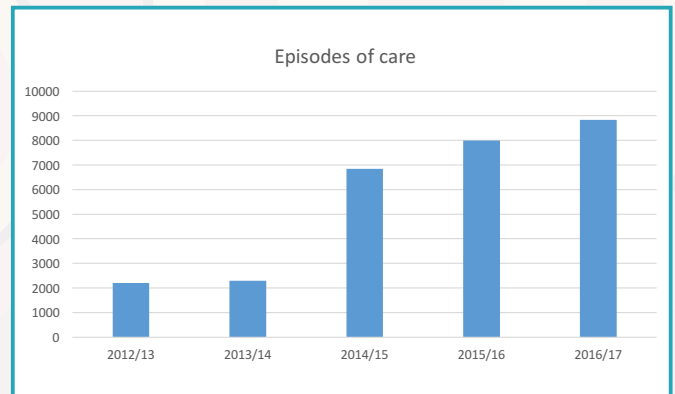
Tanaya Harradine started on as Tackling Indigenous Smoking Co-ordinator and has been doing a fabulous job with engaging the Community.

The Kirrae community has been working towards achieving good health outcomes, with the help of the Health Team. 112 clients have had their annual health assessments completed over the past year, which makes them eligible to utilise the facilities at Aquazone Gym. This includes casual swimming and gymnasium visits and also the opportunity for children to learn to swim. Together with our TIS program, many clients are on their way to improving and managing their own health which is fantastic.

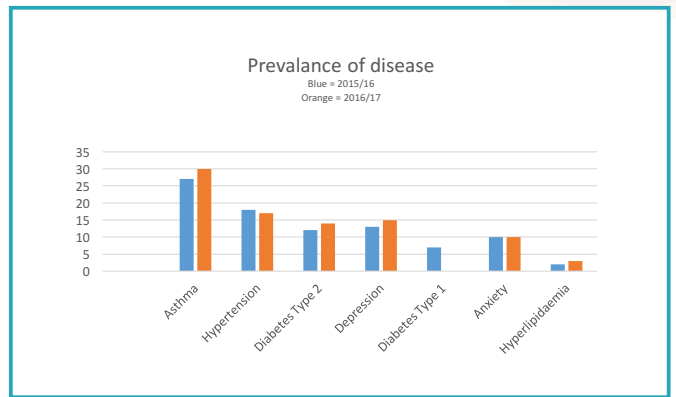
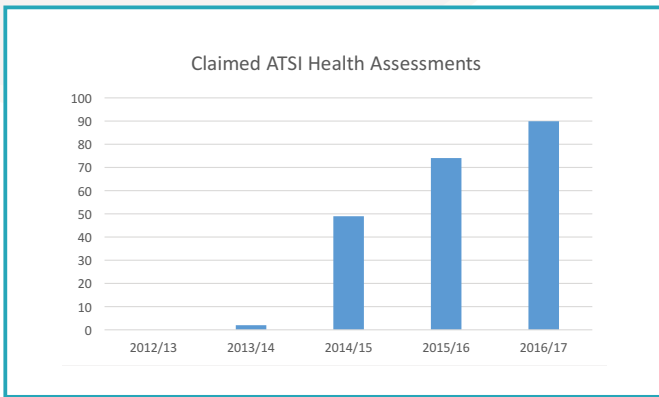
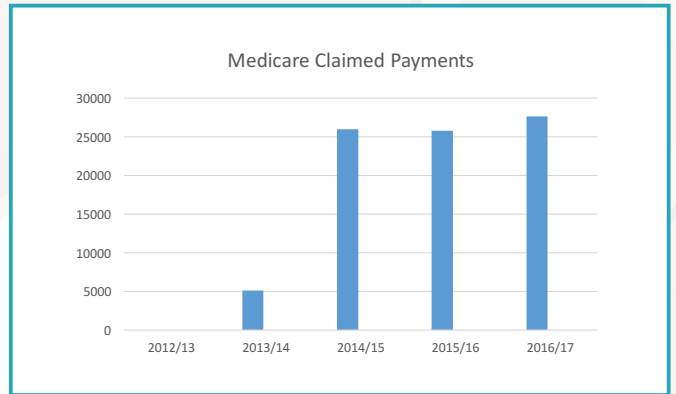
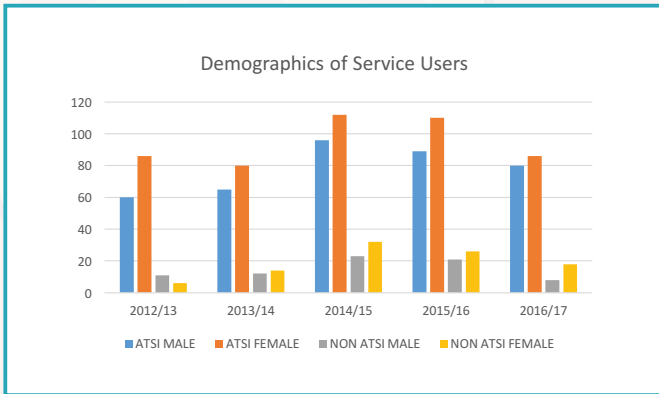
Kirrae also provides regular access to an outreach Diabetes Clinic in Mortlake. Our clients have really enjoyed using this facility where they can see a Diabetes Educator, Dietician and Podiatrist all in the one visit. Kirrae aims to utilise this outreach clinic to a maximum, and possibly have the clinic come to Kirrae in the near future.

Staff at Kirrae had the opportunity to attend some in house training in Communicare. This was funded by VACCHO and delivered at Kirrae by the guru Jason. Nearly all staff utilise Communicare so it was great to learn about what we, as staff need to be recording in Communicare and how important the data is for our funding agreements.

This will be my last Annual Report for Kirrae Health Service, as I am finishing up in mid October 2017. I would like to thank the staff and extended families for their support and friendship over the past 3 years. I have enjoyed working with everyone and hope Kirrae continues to provide the fantastic service we have been providing over the past 3 years.



Health Program



Meg Wareham
Health Team Leader



Left : Sister's Day Out
Middle : Wirann – Flu Vaccination
Right : TIS Bus Advertising



Health Program



Tanaya Harradine • TIS Program Coordinator

Tackling Indigenous Smoking (TIS) Program

I started the role as the TIS coordinator around February this year and have enjoyed the challenge I've faced with this role. I have more people wanting to quit, and more people talking about quitting smoking in general conversations which is really positive.

I held a few activities this year around quitting smoking. The Indigenous HIP HOP Project came down to Kirrae health service during the school holidays in March. Children in the community wrote the lyrics to 'Up In Smoke', which was a massive hit in the community and on YouTube with almost 3,000 views.

I attended a quit skills training in Melbourne and a conference in Adelaide for the TIS program. We were lucky enough to have a very knowledgeable pharmacist come down from Melbourne to talk to us about Nicotine Replacement Therapy, which is such an important part of the quitting journey.

Every Friday we do boxing with Rudy Ryan in Warrnambool, which has been great for people wanting to quit and get fit.

The TIS program holds lunches around every 2 months to catch up with clients to see how they are travelling with their smoking journey.

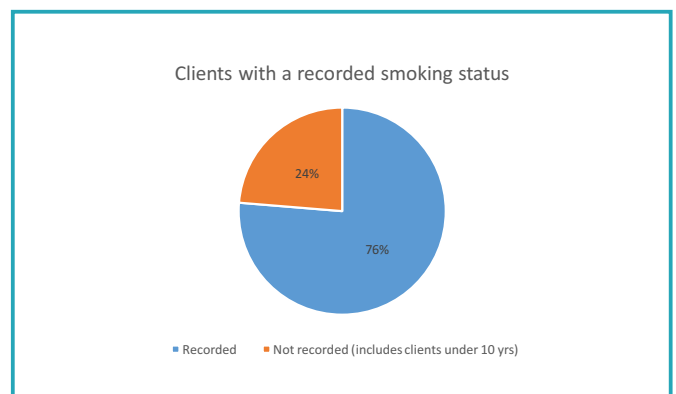
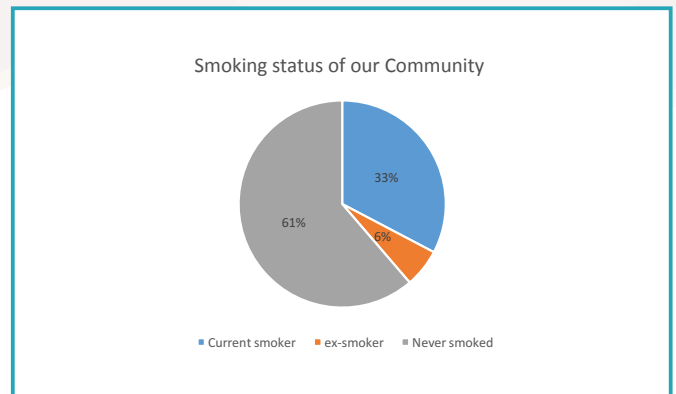
The TIS program has also been spreading the quit message via the Warrnambool Bus Lines. An advertisement displaying 'Our health matters too' has been placed on the back of one of the buses in town.

We've created lots of promotional tools, bags, and goodies. We have great banners and posters. We also have some disgustingly great visual displays of what happens to lungs when people smoke. They are gross but good!!

Two people attending the TIS Program quit smoking which is absolutely fantastic. What an amazing effort.

Tanaya Harradine

Tackling Indigenous Smoking (TIS)



Left: Tanaya – TIS Boxing

Right: Tanaya and Ivy – NAIDOC Day

Social, Emotional & Wellbeing Program



Brian Medew • Social, Emotional and Wellbeing Coordinator



Ashlee Wilkie • Parenting and Family Support Worker

The continued growth of our SEWB program led to Ashlee Wilkie becoming a part of the team.

Ashlee came on board to deliver our parenting program, client work and case management. It was soon realised that Ashlee has other skills, one being her ability to look for external funding. Ashlee has completed many submissions with several successful to date, we are

waiting and hoping for some significant news in the near future. Everyone cross your fingers for us.

There has been a continued interest in our service delivery from external organisations for example: The Department of Justice, Department of Education, Mackillop Family Services. This has come about from presenting to these organisations and in the Justice area having a presence in the Koori Court, Magistrates Court and Family Court. This has been done by representing clients in the justice system or just being there on court days and offering support to people caught up in the system. The Warrnambool Court Magistrate thanked Kirrae Health Service SEWB program for its work in the courts this year.

Highlights of the year were: being interviewed by Oxfam for their yearly Australian wide Close the Gap report.

Oxfam contacted VACCHO with VACCHO recommending that Kirrae Health Service was the place to go to for a demonstration of excellent SEWB service delivery. This is more reinforcement that our program development is leaving its mark across many communities.

At a local level enquiries for service has continued to grow with referrals from other Aboriginal organisations across our region as well as many individuals making the phone call to request support for themselves and family members.

SEWB has representation at RAJAC and LAJAC, the Koori Court Reference group, Koolin Balit and MacKillop Family Services foster care accreditation panel.

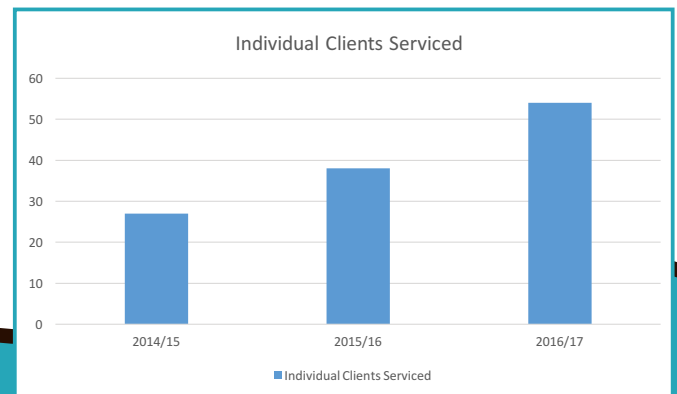
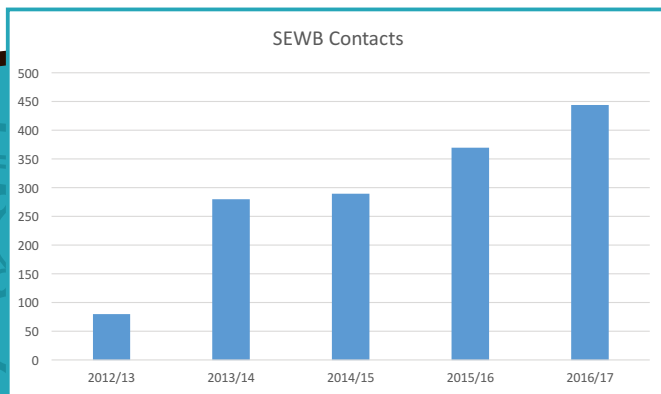
The Drums were out again this year with DrumBeat being delivered to the Mortlake College students again. Kirrae took the drums to the Department of Education launch of 'Respectful Relationships' with curriculum to be delivered to all schools as a response to the Royal Commission in to Family Violence. This launch was conducted in Horsham. We also did a session with all the foster carers from MacKillop during Foster Care Week as a thank you to these great people. It was a hoot!!!!

Southwest TAFE again enquired as to whether Kirrae would have a Community Services placement student. Kirrae of course said yes and we welcomed Carolyn to our team. Carolyn has fitted in well and has kept busy helping out with the 'Young Luv' program, Little Sisters Day In, the disco and art show. She has also been able to attend plenty of valuable training that Kirrae has been able to deliver to staff whilst she has been on placement.

Another big year for the SEWB program at Kirrae, never a dull moment for the team.

Brian Medew

SEWB Coordinator



Children's Activities

So it's time to reflect on the year that's been, it really has been a busy one.

Playgroup

We have done so much it's hard to know where to start! We have had so much fun at Playgroup doing great craft activities such as painting with shaving cream which gives a marble effect and is a hit with all the children, they have created some great cards etc. using the marble work they produced.

We had Halloween dress up day and will soon be doing it all over again, (fun, fun) this is an absolute favourite with children, parents and staff as it gives us all a chance to be part of Playgroup. Another favourite was making our own playdough, it provided hours of sensory play and exploring for all.

We have done some gardening days, we look forward to being able to get back outside with the warmer weather approaching.

We made some awesome Emus using real emu feathers and some koori art paintings and stamping in the lead up to NAIDOC celebrations.

We continue to encourage reading and having healthy snacks and water each week.

At playgroup we have had a lot of conversations around kinder enrolment and information as a many of our children will heading off to 3 and 4 year old kinder in 2018. Seeing the kids head off to kinder is exciting but also leaves us sad to see them go. We miss them! Hopefully some will still continue to come along if kinder falls on a different day to Kirrae Playgroup.

I would like to thank Teneshia for all her hard work and commitment to her work at Playgroup, the children continue to have great friendships with Teneshia and love seeing her every week, playgroup runs smoothly because of your support and dedication.

Holiday Program

The Holiday program has run smoothly with most activities run at Kirrae. The children all continue to build and have strong positive relationships and connections



Teneshia Harradine • Playgroup Assistant



Kimberley Harradine • Children's Activities Coordinator

within our community. One of the great programs we have run was in conjunction with our TIS program and included bringing the Indigenous

Hip Hop Project down to the mission. This saw the children write, produce and perform in a music clip, which has then been put onto YouTube and has racked up nearly 3000 views. I still hear so many of the kids singing the Up In Smoke song not only from our community but the children's friends and school friends etc. love to sing our song too.

Thank you to all the children for attending and wanting to be a part of what our Playgroup and Holiday program has to offer. Also big thanks to all our parents/carers grandparents, siblings and anyone else who has attended and supported our programs. Without your support and efforts we couldn't run our programs as great as we do. Lastly thank you to all the staff at Kirrae you all support and do not hesitate to assist with anything you can for Playgroup and the Holiday program and myself.

Thankyou.

Kimberley Harradine

Children's Activities Coordinator



Left : Narrah, Wirann, James and Jordan – Playgroup

Right: Shayla and Layla – NAIDOC Day

Koko Blokes

In May 2017, Kirrae Health Service Inc. received funding from Koorie Youth Crime Prevention Grants (KYGCP), to run a program for young boys aged 8–17 years to prevent them from coming into contact with the criminal justice system, provide early intervention for young people at risk. Kirrae Health Service came up with the group “Koko Blokes”. Koko is a Kirrae Whurrong word meaning younger brother.

Koko Blokes tackles community issues around:

- o Lack of positive role modelling
- o Drug and alcohol use
- o Domestic Violence (DV)
- o Isolation (can be challenging for kids in the community to travel to participate in sports events, carnivals, due to resources)
- o Acculturation (where do we fit)
- o Respect
- o Culture
- o Social media etiquette.



Hayden Harradine • HACC-CHSP Maintenance Worker



Aaron Hagan • Koko Blokes Coordinator

The project aims to address these issues through:

A holistic Social, Emotional and Wellbeing (SEWB) approach to mentoring and activities.

A SEWB approach recognises that Aboriginal health and wellbeing must be viewed in a holistic context that encompasses mental, physical, cultural and spiritual health. Land is central to wellbeing.

Mentors

Mentors/Buddies to help foster positive role modelling, respect, positive attitudes, strong cultural identity and self-esteem. Mentors may include Koori Youth Justice Workers, Parents, Uncles, Cousins, Community Members.

Early intervention through positive physical activities

A re-directive approach, engaging the high love of sport within the community and positive health outcomes attached promoted by KHS.

Ownership

Through participants taking ownership of Koko Blokes. Setting their rules and guidelines. Creating their own pledge.



Left : Koko Blokes

Right : Ian and Aaron

Koko Blokes

On Country Cultural Activities

Physical, spiritual, health and wellbeing activities related to this community and its cultural history.

Koko Blokes is currently run by coordinator Aaron Hagan. Hayden Harradine also volunteers each week to help supervise the boys. So far there are 10 members consisting of boys aged between 8–13 years. It would be great if we could get some older boys joining to help out with the program as a lot of the younger members really look up to them.



Members have participated in a variety of activities so far including:

- o Creating group logo, member rules/pledge
- o Boxing sessions, Cross fit sessions, Basketball
- o Drum beat sessions
- o Cultural Dancing, Cultural tour.

Activities planned for the future include:

- o Drug education
- o Cooking for the community
- o E safety presentation
- o TIS education
- o Camps.

The members seem to be enjoying the activities we run which gives the mentors great satisfaction knowing we are accomplishing our goals. Looking forward to continue strengthening and growing great bonds with these future leaders.



Top : Drumming

Middle : Yorga the dog is the only girl allowed to attend Koko blokes!

Right : Cricket

Far right : Shane Lawrence

HACC – CHSP Program

Commonwealth Home Support Programme (CHSP) is for over 50 years for Aboriginal people and over 65 years Non Aboriginal). Home and Community Care Program for Younger People (HACC PYP) is for under 50 years for Aboriginal people and under 65 years Non Aboriginal. These programs are traditionally targeted to frail older people, people with disabilities and carers, providing basic support and maintenance for people living at home to allow them to stay in their homes for as long as possible.

This year we had the Australian Aged Care Quality Agency come to Kirrae to review all processes, procedures and activities involved in running the CHSP program. They were here for one day. During this time they interviewed Clients, staff and reviewed all processes, client files etc. By the end of the day they gave us our verdict, we PASSED. They also sent through to us the review report which stated we met all the requirements.

Regular social activities this year have included community lunch held at Kirrae (thanks to Jess Couzens and staff), social support lunches off site at a variety of different venues around the region on alternate weeks. We have enjoyed lunch at places including the RSL Warrnambool, The Memorial Bowls Club, Warrnambool Football Club and the Allansford Hotel. The last social support lunch of the month is held and catered for at Kirrae and is a great chance for Elders in the community to sit side by side and chat with the young playgroup children and mums and dads who attend the lunch.

Possum Skin Cloak Making was held this year and the cloak looks fabulous. It is located in the locked glass cabinet in foyer. I'd like to thank everyone that was involved with the cloak, their art works look great! Big thanks to Louise and the girls for stitching the cloak together.

Bingo at Kirrae is going excellent every month. We hold bingo at Kirrae and supply lunch. Free to enter with great prizes. The bingo prizes are useful household items with the main prizes of healthy veggie and meat packs. Clients that attend have a great day chatting with everyone and enjoy a fun filled game. Some months there are a lot of clients compared to other months, would love to see more and more come along!



Ivy Clark • HACC – CHSP Community Care Coordinator and Administration Support Officer



Ashlee Wackett • HACC-CHSP Trainee



Brian Chatfield • HACC-CHSP Maintenance Worker

Client assessments and reviewing Goal Directed Care Plans has been a focus this year, meeting with all clients to review their needs.

Kirrae still continues to be a part of the Koori Aged and Disability Network Advisory Committee (KADNAC), attending regional meetings and gathering to discuss HACC/CHSP.

I am also studying a Diploma of Community Services (Case Management) to help me in my role. I have completed two assessments and will be completing this throughout the rest of the year. I will also be undertaking an Aboriginal Health Workers course with the rest of the Kirrae admin team and interested community members when it starts up. Lots going on!

Ivy Clark

HACC – CHSP Community Care Coordinator and Administration Support Officer



FINANCIAL REPORT

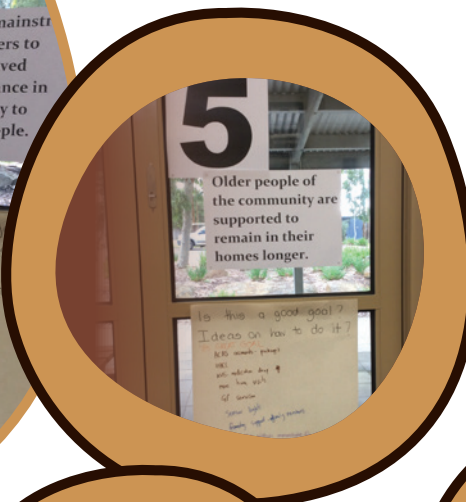
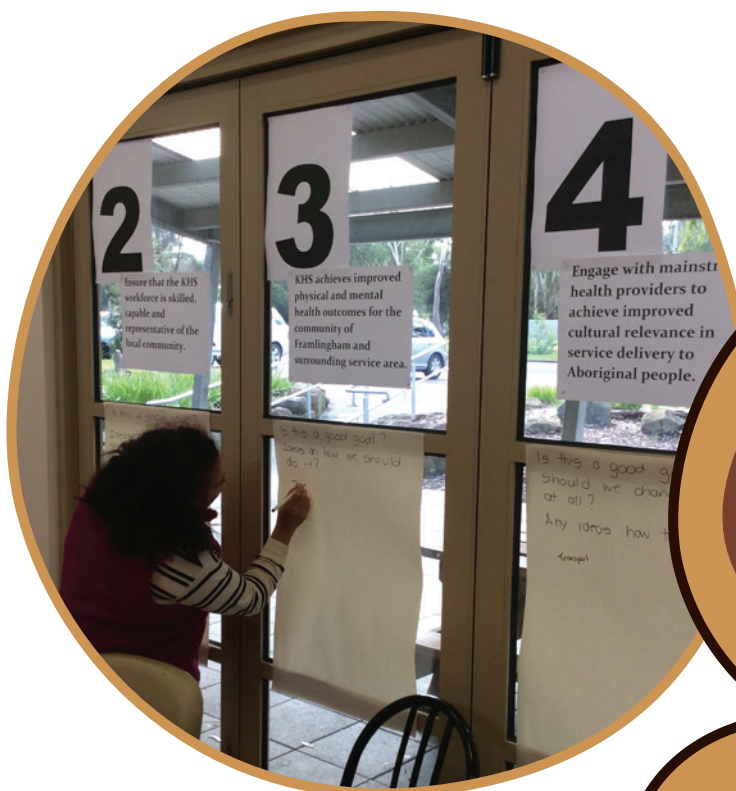
For the year ended 30 June 2017



Diom Vafidis • Finance Manager

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Left: Tanaya, Wayne and Kimberley – Biggest Morning Tea

Right: Possum Skin Art

Middle: Strategic Planning with the Community

Far right: Ella – Mosaicking

KIRRAE HEALTH SERVICE INC
A0031914E

Board of Management Report
For the Year Ended 30 June 2017

The Board of Management present their report on the Financial Report of Kirrae Health Service Inc. for the year ended 30 June 2017.

BOARD OF MANAGEMENT

The following persons held office as Board Members of Kirrae Health Service Inc. throughout the year and at the date of this report:

Tanya MacDonald (Chairperson) and (Secretary)
Billy McGuinness (Deputy Chairperson)
Brian Davis
Geoff Clark
Trudy Clark

OPERATING RESULT

Net Profit for the Year	2017	2016
	\$	\$
	<u>3,340</u>	<u>92,712</u>

PRINCIPAL ACTIVITIES

The principal activities of the corporation during the year related to servicing the health needs of the Framlingham Aboriginal Community.

SIGNIFICANT CHANGE IN OPERATIONS

No significant change in the nature of these activities occurred during the year.

AFTER BALANCE DATE EVENTS

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

Signed on behalf of the Board of Management.

Tanya McDonald
Name: *chairperson*
BOARD MEMBER *Tanya McDonald*

Billy McGuinness
Name: *Billy McGuinness*
BOARD MEMBER *Deputy Chairperson*

Dated this 13th day of October 2017

KIRRAE HEALTH SERVICE INC
A0031914E

Statement of Profit and Loss and Other Comprehensive Income
For the Year Ended 30 June 2017

	2017	2016
	\$	\$
Revenue from Operating Activities	2 1,188,878	1,198,288
Other Revenue	2 92,030	48,407
Employee expenses	3a (727,163)	(690,979)
Program Running Expenses	3b (263,923)	(189,945)
Occupancy Expenses	3e (22,051)	(22,712)
Administrative Expenses	3c (229,367)	(207,299)
Depreciation	3f (35,064)	(43,048)
Surplus for the year attributable to members	3,340	92,712
Other Comprehensive Income	-	-
Total Comprehensive Income for the year attributable to members	3,340	92,712

The accompanying notes form part of these financial statements.

KIRRAE HEALTH SERVICE INC
A0031914E

Statement of Financial Position
As At 30 June 2017

	Note	2017 \$	2016 \$
CURRENT ASSETS			
Cash and Cash Equivalents	4	694,459	679,510
Prepayments		18,738	17,242
Trade & Other Receivables	5	24,575	(1,764)
TOTAL CURRENT ASSETS		<u>737,772</u>	<u>694,988</u>
NON-CURRENT ASSETS			
Property, Plant and Equipment	6	141,846	162,151
TOTAL NON-CURRENT ASSETS		<u>141,846</u>	<u>162,151</u>
TOTAL ASSETS		<u>879,618</u>	<u>857,139</u>
CURRENT LIABILITIES			
Trade & Other Payables	7	92,751	102,919
Employee Entitlements	8	122,609	91,185
TOTAL CURRENT LIABILITIES		<u>215,360</u>	<u>194,104</u>
NON CURRENT LIABILITIES			
Employee Entitlements	8	6,638	8,755
TOTAL NON-CURRENT LIABILITIES		<u>6,638</u>	<u>8,755</u>
TOTAL LIABILITIES		<u>221,998</u>	<u>202,859</u>
NET ASSETS		<u>657,620</u>	<u>654,280</u>
EQUITY			
Accumulated Surplus	9	657,620	654,280
TOTAL EQUITY		<u>657,620</u>	<u>654,280</u>

The accompanying notes form part of these financial statements.

KIRRAE HEALTH SERVICE INC
A0031914E

Statement of Changes in Equity
For the Year Ended 30 June 2017

	Note	Accumulated Surplus \$	Total \$
Balance at 1 July 2015		556,621	556,621
Other Comprehensive Income for the year		92,712	92,712
Prior Year Adjustment Stale Outstanding Reconciling Items		4,947	4,947
Balance at 30 June 2016	9	<u>654,280</u>	<u>654,280</u>
Other Comprehensive Income for the year	9	3,340	3,340
Balance at 30 June 2017		<u>657,620</u>	<u>657,620</u>

The accompanying notes form part of these financial statements.

KIRRAE HEALTH SERVICE INC
A0031914E

Statement of Cash Flows
For the Year Ended 30 June 2017

	Note	2017 \$	2016 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from Operating Activities		3,281,319	1,431,964
Interest Received		2,912	3,091
Payments to Suppliers and Employees		<u>(3,254,523)</u>	<u>(1,274,773)</u>
NET CASH FLOW FROM OPERATING ACTIVITIES	10	<u>29,708</u>	<u>160,282</u>
CASH FLOWS FROM INVESTING ACTIVITIES:			
Payment for property, plant and equipment		<u>(14,759)</u>	(22,729)
Proceeds from property, plant and equipment		-	234
Equity Adjustment		-	<u>4,947</u>
NET CASH FLOW FROM INVESTING ACTIVITIES		<u>(14,759)</u>	<u>(17,548)</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS		14,949	142,734
CASH AND CASH EQUIVALENTS AT BEGINNING OF THE FINANCIAL YEAR		<u>679,510</u>	<u>536,776</u>
CASH AND CASH EQUIVALENTS AT END OF THE FINANCIAL YEAR	4	<u>694,459</u>	<u>679,510</u>

The accompanying notes form part of these financial statements.

KIRRAE HEALTH SERVICE INC
A0031914E

Notes to the Financial Statements

For the Year Ended 30 June 2017

Note 1: Significant Accounting Policies

The financial statements cover Kirrae Health Service Inc. as an individual entity, incorporated and domiciled in Australia. Kirrae Health Service Inc. is incorporated in Victoria under the Associations Incorporations Reform Act 2012.

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

New, revised or amending Accounting Standards and Interpretations adopted

The Incorporated Association has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Basis of Preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB'), the Associations Incorporation Reform Act 2012 Vic, and associated regulations, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the incorporated association's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in Note 1a.

Revenue recognition

Grant Income

Grants are recognised as revenue, in accordance with AASB 1004, when the Association gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-Reciprocal grants are recognised as revenue when the grant is received or receivable.

Interest

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Other Income

Revenue is recognised in accordance with AASB 118 Revenue. Income is recognised as revenue to the extent it is earned. Unearned Income at reporting date is reported as Income received in advance.

Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

KIRRAE HEALTH SERVICE INC
A0031914E

Notes to the Financial Statements

For the Year Ended 30 June 2017

Note 1: Significant Accounting Policies continued

Economic Dependence

A significant portion of Kirrae Health Service Inc. revenue is derived from Department of Health and Department of Human Services. Kirrae Health Service Inc. is dependent on continued revenue from both services for its continued ability to carry on normal activities in its current structure. The board have no reason to believe this funding will not be ongoing.

Income Tax

The entity is exempt from Income Tax pursuant to S.23(g)(iii) of the Income Tax Assessment Act.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is current when: it is expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within twelve months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the reporting period. All other assets are classified as non-current.

A liability is current when: it is expected to be settled in normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within twelve months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least twelve months after the reporting period. All other liabilities are classified as non-current.

Cash & cash equivalents

Cash & cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade & Other Receivables

Other receivables are recognised at amortised cost, less any provision for impairment.

Property, Plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives with the following rates:

Motor Vehicles	up to 3 years
Computer and software	up to 3 years
Plant and equipment	up to 20 years

KIRRAE HEALTH SERVICE INC
A0031914E

Notes to the Financial Statements

For the Year Ended 30 June 2017

Note 1: Significant Accounting Policies continued

Property, Plant and equipment continued

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the incorporated association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and other payables

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is an unconditional right to defer settlement of the liability. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

KIRRAE HEALTH SERVICE INC
A0031914E

Notes to the Financial Statements

For the Year Ended 30 June 2017

Note 1: Significant Accounting Policies continued

Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principle market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interest. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Note 1a. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

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

Employee benefits provision

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

KIRRAE HEALTH SERVICE INC
A0031914E

Notes to the Financial Statements
For the Year Ended 30 June 2017

Note 2: Revenue and Other Income

	2017 \$	2016 \$
Department of Prime Minister of Cabinet	203,544	201,544
Department of Health & Ageing	160,430	284,070
Department of Health	539,885	441,230
Gunditjamara Co-operative	206,033	213,881
Other Grants	78,986	55,208
Aged Care Packages	-	2,355
	<u>1,188,878</u>	<u>1,198,288</u>
Other Revenue	89,118	45,316
Interest	2,912	3,091
	<u>92,030</u>	<u>48,407</u>
TOTAL REVENUE	<u>1,280,908</u>	<u>1,246,695</u>

Note 3: Expenses

Note 3a: Employee Expenses

	2017 \$	2016 \$
Wages	635,134	621,059
Superannuation	59,505	58,755
Provision Employee Entitlements	29,307	3,466
Workcover	3,217	7,699
TOTAL EMPLOYEE EXPENSES	<u>727,163</u>	<u>690,979</u>

Note 3b: Program Running Expenses

Activity	81,349	46,910
Aged Care Packages Expenditure	(505)	3,713
Counselling	72	-
Elders Costs	6,844	4,616
Family Support	266	5,286
Funeral Costs	180	465
HACC Services	8,403	3,911
Meetings/Seminars/Travel/Accommodation	12,441	21,972
Pharmaceutical & Health	134,581	91,662
Playgroup	10,209	3,634
Training and Course Costs	10,083	7,776
TOTAL PROGRAM RUNNING EXPENSES	<u>263,923</u>	<u>189,945</u>

KIRRAE HEALTH SERVICE INC
A0031914E

Notes to the Financial Statements
For the Year Ended 30 June 2017

Note 3: Expenses continued

Note 3c: Administration Expenses

	2017	2016
	\$	\$
Advertising	1,126	1,975
Accounting	39,360	39,384
Audit	12,600	14,600
Bad Debts Expense	972	-
Bank Fees	1,372	1,344
Centre Maintenance	48,597	26,006
Computer Expenses	43,279	56,460
Legal Costs	2,448	4,459
Miscellaneous	7,891	7,634
Office Supplies	16,084	8,567
Staff Training & Uniforms	2,987	774
Subs & Memberships	21,737	18,008
Telephone/Internet/Communication	5,972	5,938
Vehicle Costs	24,942	22,150
TOTAL ADMINISTRATION EXPENSES	<u>229,367</u>	<u>207,299</u>

Note 3d: Auditors Remuneration

Remuneration of the auditor of the association for:

- Auditing the financial report	<u>12,600</u>	<u>14,600</u>
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Note 3e: Occupancy Expenses

Building Maintenance	1,428	1,514
Insurance	1,001	914
Leasing Charges	2,365	2,365
Rent	10,000	10,000
Utilities-Electricity & Gas	7,257	7,919
TOTAL OCCUPANCY EXPENSES	<u>22,051</u>	<u>22,712</u>

Note 3f: Depreciation

Plant & Equipment	<u>35,064</u>	43,048
TOTAL DEPRECIATION EXPENSE	<u>35,064</u>	<u>43,048</u>

KIRRAE HEALTH SERVICE INC
A0031914E

Notes to the Financial Statements
For the Year Ended 30 June 2017

Note 4: Cash & Cash Equivalents

	2017	2016
	\$	\$
Petty Cash	68	68
Commonwealth Bank HACC Account	156,364	128,992
Commonwealth Bank Health Worker Account	149,832	161,672
Commonwealth Bank Program Account	108,246	112,928
Commonwealth Bank Salary Packaging Account	280	260
Commonwealth Bank Project Account	3,496	2,097
Commonwealth Bank Passbook Account	133,922	133,655
Commonwealth Maintenance Account	142,251	139,838
TOTAL CASH & CASH EQUIVALENTS	694,459	679,510

Note 5: Receivables

	2017	2016
	\$	\$
Accounts Receivable	23,406	(3,003)
Other Receivables	1,169	1,239
TOTAL TRADE & OTHER RECEIVABLES	24,575	(1,764)

Note 6: Property, Plant & Equipment

	2017	2016
	\$	\$
Plant and equipment:		
At cost	359,934	345,175
Accumulated depreciation	(218,088)	(183,024)
TOTAL PROPERTY, PLANT & EQUIPMENT	141,846	162,151

Movement in carrying amounts

Movements in carrying amounts for plant and equipment between the beginning and the end of the current financial year:

2016

	Plant & Equipment
	\$
Balance at the beginning of the year	182,704
Additions at cost	22,729
Disposals	(234)
Depreciation expense	(43,048)
Carrying amount at end of year	162,151

KIRRAE HEALTH SERVICE INC
A0031914E

Notes to the Financial Statements
For the Year Ended 30 June 2017

Note 6: Property, Plant & Equipment continued

Movement in carrying amounts

Movements in carrying amounts for plant and equipment between the beginning and the end of the current financial year:

2017

	Plant & Equipment
	\$
Balance at the beginning of the year	162,151
Additions at cost	14,759
Disposals	-
Depreciation expense	<u>(35,064)</u>
Carrying amount at end of year	<u><u>141,846</u></u>

Note 7: Payables

	2017	2016
	\$	\$
CURRENT		
Accounts Payable	39,256	37,087
GST Payable	11,847	20,336
Payroll Liabilities	938	22,217
Other Payables	300	300
Accruals	20,411	22,979
Accrued Grant	19,999	-
TOTAL CURRENT PAYABLES	<u><u>92,751</u></u>	<u><u>102,919</u></u>

Note 8: Employee Benefits

	2017	2016
	\$	\$
CURRENT		
Annual Leave	59,197	42,871
Long Service Leave	63,412	48,314
	<u>122,609</u>	<u>91,185</u>
NON CURRENT		
Long Service Leave	6,638	8,755
TOTAL EMPLOYEE BENEFITS	<u><u>129,247</u></u>	<u><u>99,940</u></u>

Note 9: Accumulated Surplus

	2017	2016
	\$	\$
Retained Surplus at start of financial year	654,280	556,621
Net Result for the Year	3,340	92,712
Prior Year Adjustment Stale Outstanding Reconciling Items	-	4,947
RETAINED SURPLUS AT END OF FINANCIAL YEAR	<u><u>657,620</u></u>	<u><u>654,280</u></u>

KIRRAE HEALTH SERVICE INC
A0031914E

Notes to the Financial Statements
For the Year Ended 30 June 2017

Note 10: Reconciliation of Net Cashflows from Operating Activities to Net Result

	2017 \$	2016 \$
Net Result for the year	3,340	92,712
Depreciation	<u>35,064</u>	<u>43,048</u>
	38,404	135,760
(Increase)/decrease in Receivables & Prepayments	(27,835)	65,717
Increase/(decrease) in Trade and other payables	(10,168)	(44,660)
Increase/(decrease) in Employee entitlements	<u>29,307</u>	<u>3,465</u>
NET CASH FLOWS FROM OPERATING ACTIVITIES	<u><u>29,708</u></u>	<u><u>160,282</u></u>

Note 11: Key Management Personnel Disclosures

Compensation

The aggregate compensation made to officers and other members of key management personnel of the Incorporated Association is set out below:

Aggregate compensation	<u><u>82,570</u></u>	<u><u>82,672</u></u>
------------------------	----------------------	----------------------

Note 12: Contingent Liabilities

The incorporated association had no contingent liabilities as at 30 June 2017 and 30 June 2016.

Note 13: Commitments

The Incorporated Association had no commitments for expenditure as at 30 June 2017 and 30 June 2016.

Note 14: Events after the Reporting Period

No matter or circumstance has arisen since 30 June 2017 that has significantly affected, or may significantly affect the Incorporated Association's operations, the results of those operations, of the Incorporated Association's state of affairs in the future financial year.

KIRRAE HEALTH SERVICE INC
A0031914E

Board of Management Statement
For the Year Ended 30 June 2017

In the opinion of the Board of Management, the financial report as set out on the proceeding pages:

1. The attached financial statements and notes comply with the Australian Accounting Standards - Reduced Disclosure Requirements.
2. The attached financial statements and notes give a true and fair view of the Incorporated Association's financial position as at 30 June 2017 and of its performance for the financial year ended on that date; and This declaration is made in accordance with a resolution of the Board of Directors.
3. There are reasonable grounds to believe that Kirrae Health Service Inc. will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the Board of Management and is signed for and on behalf of the Board of Management by:

Tanya McDonald chairperson
Name: *Tanya McDonald*
BOARD MEMBER

Brian McGuinness
Name: *Brian McGuinness*
BOARD MEMBER *Deputy Chairperson*

Dated this 13th day of October 2017



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Independent Auditor's Report to the Members of Kirrae Health Service Inc.

Report on the financial report

Opinion

We have audited the accompanying financial report of Kirrae Health Service Inc. (the Association), which comprises the statement of financial position as at 30 June 2017, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by Members of the Committee on the annual statements.

In our opinion the financial report of the Kirrae Health Service Inc. is in accordance with the *Associations Incorporation Reform Act 2012*, including:

- a) giving a true and fair view of the Association's financial positions as at 30 June 2017 and of its performance for the year ended on that date; and
- b) complying with Australian Accounting Standards – *Reduced Disclosure Requirements*.

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial statements, which describes the basis of accounting. The financial report has been prepared to assist Kirrae Health Service Inc. to meet the requirements of the *Associations Incorporation Reform Act 2012*. As a result, the financial report may not be suitable for another purpose.

Basis for Opinion

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

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

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Committee's responsibility for the financial report

The Committee of the Association is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – *Reduced Disclosure Requirements* and the *Associations Incorporation Reform Act 2012* and for such internal control as the Committee determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

Auditor's responsibility

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_files/ar3.pdf. This description forms part of our auditor's report.

CROWE HORWATH WEST VIC

MARTIN THOMPSON
Partner

Melbourne Victoria
Dated this 13th day of October 2017

The relationship you can count on

Left : Junior detective Elf **Middle :** Group – NAIDOC Day **Right :** Shakira, James and Jordan – NAIDOC Day

Front cover : Staff team – NAIDOC Day

Below : Jada – NAIDOC Day



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