KIRRAE HEALTH SERVICE INC



KIRRAE HEALTH SERVICE INC.

ANNUAL REPORT 2025 - 26





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 and other areas.

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

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

Care planning
Glucose checks, Blood pressure checks, BMI's
Pap smears
Diabetes checks
HACC, CHSP, Elder Care Support
Health checks
Breast screening
Smoking cessation
Children's activities – play group, holiday program, homework activities, youth groups
Social, emotional and wellbeing services, counselling, advocacy, family therapy
AOD
Men's and Women's Groups
Physical activity groups
Fitness, gym, swimming





Our Board

July - Oct 2025

Louise Wackett
Chairperson
Ronald Chatfield
Deputy Chair
Danny Chatfield
Member
Karen Harradine
Member
Dominique De Bono
Member

Nov 2025 - June 2026

Danny Chatfield
Chairperson
Karen Harradine
Deputy Chair
Jessie Chatfield
Member
Ronald Chatfield
Member
Robert Campbell
Member



Strategic Objectives

Kirrae Health Service Strategic Plan Objectives are to:

Strategic Objective 1:
Maintain a viable, independent, accessible, inclusive and culturally safe health and community service .
Strategic Objective 2:
Older and disabled people of the community are respected and supported to remain safely in their homes for as long as possible.
Strategic Objective 3:
Provide social, educational, lifestyle and health supports for our young people.
Strategic Objective 4:
Empower families and individuals to grow together, build resilience and make healthy lifestyle and mental health and wellbeing choices
Strategic Objective 5:
KHS utilises Governance, Operational and Financial Best Practices



ALWAYS WAS
COMMUNITY
ALWAYS WILL BE

Structure Chart

Board of Management

Practice Manager (CEO)

HEALTH TEAM	HACC AND ELDER CARE SUPPORT TEAM	SEWB TEAM	ADMIN TEAM	FINANCE TEAM
Health Manager (RN)	HACC and Elder Care Support Manager	SEWB Manager	Quality and Administration Manager	Finance/HR Manager
Aboriginal Health Practitioner	Elder Care Coordinator	SEWB Practitioner x 2	Receptionist	Finance Officer
Community Health Nurse (RN)	Elder Care Support Connector x2	AOD Clinician x 2	Quality and Finance Admin Officer	
Health Promotion Coordinator (Koori Way)	Maintenance Supervisor	SEWB Men's Coordinator	Admin Support Officer	
	Maintenance Worker		Children's Activities Coordinator/Reception	
			Cleaner	

V6.5









Chairperson

Danny Chatfield

On behalf of the Board, I would like to sincerely thank our community, Chief Executive Officer, staff, and fellow Board members for their continued support throughout the 2025–2026 year.

The ongoing commitment, dedication, and collaboration of everyone involved have contributed greatly to Kirrae Health's continued progress and delivery of good quality services to our community. I particularly acknowledge the hard work of our staff, the guidance and leadership of our CEO, and the valuable contribution of each Board member this has all not gone unnoticed.

We are grateful for the trust and support of our community and look forward to continuing this important work together in the years ahead.

To our community members who have passed on into the Dream Time may you also fly high with Bunjil.

Kirrae Health
Chairperson

Danny Chatfield





Practice Manager (CEO)

Nonnie Harradine



Nonnie Harradine



I wish to acknowledge the traditional owners of the land on which we Kirrae operate on and also pay respect to the elders past and present and emerging.

It has been quite a busy year for Kirrae with each area of our organisation having increased client numbers/engagement. This is truly down to our amazing team leaders and our wonderful staff. They have held some very positive presentations and activities. We've seen some changes in staffing with departures and commencements.

I would like at thank our funding bodies from both Commonwealth and State levels, NACCHO and VACCHO. Special mention to the WDAC crew who continue to support and provide great discussion and outcomes for the whole Western area.

Attendance at our visiting clinics has been regular, with high numbers of clients requesting follow up appointments with our allied health clinicians.

Our building extension was officially opened on NAIDOC day, Tuesday July 8, 2025, by the Late, much missed Maud Mifsud, Fay Clark, Louise Wackett and myself, with a speech read by Karen Harradine. The extension has been an amazing asset, allowing us to provide quality services in the manner the organisation and community deserves. We are constantly looking for funding opportunities to extend our current building or run new programs ,with our next big hope to extend our Community Room and Playgroup areas.







Practice Manager (CEO)

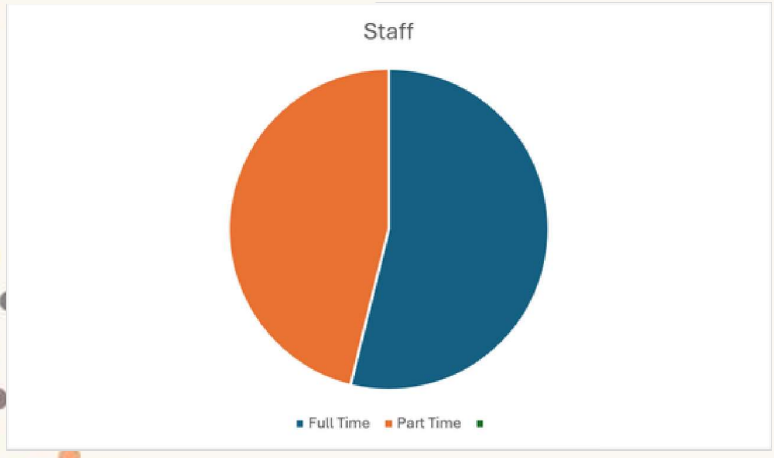
Nonnie Harradine



Thanks to our members and clients for their continued support and commitment to our service and programs. We strive to provide the best support and services to our clients. We really value our clients feedback and use it to help improve wherever we can. Keep it coming.

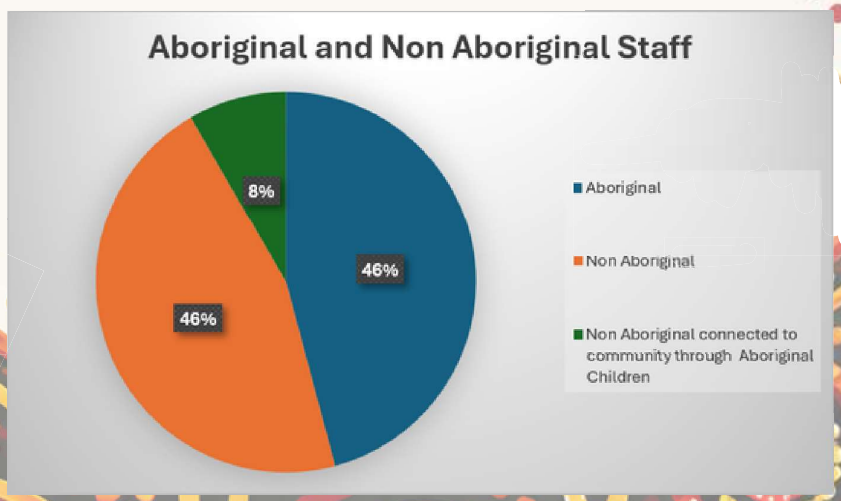
Kirrae's staff deserve another thanks for showing up every day to face whatever our clients' needs are. They don't shy away from any issues and are also front and center, whether dealing with clients or assisting with our special days like Close the Gap Day, NAIDOC Day or other special events.

Thanks to our Board of Management who have made themselves available to assist where needed.



26 Staff





Practice Manager (CEO)

Nonnie Harradine



95 Children attended holiday programs

55 participants attended social support lunches

250+ people attended NAIDOC Day at Kirrae

50 men attended Maar Weereeng Men's Group

50 women attended Pineitch Tannumbar Women's Group

55 Children received Homework Group Activities

30+ participants attended Koko Blokes

On average 50 people attend fortnightly community lunch

15+ children attended playgroup

We made awesome radio ads with Community members for SunSmart awareness, Elder Care Support and more!

WESTERN DISTRICT ACCO COLLECTIVE: 2025- 2026 ANNUAL REPORT

About the western district acco collective (wdac)

"We work together to give Community a voice to all levels of government and to support each other with one goal - to address, advocate and renegotiate power and resources to better serve our Western Victorian Communities."

WDAC are a representative, strategic and relational governance body of eight Aboriginal Community Controlled Organisations (ACCO).

WDAC came together as a strong collective voice for active local and regional self-determination and governance in 2023 to formalise the long-standing solidarity and partnership of our Communities and ACCOs.

Collectively our ACCOs



- Provide holistic wraparound services to 20% of Victoria's Aboriginal and Torres Strait Islander (Aboriginal) Community
- Employ 800+ staff, including 500 Aboriginal Community members.
- Bring significant investment into our regional and rural communities and businesses, and
- Provide leadership across State and National governance platforms.

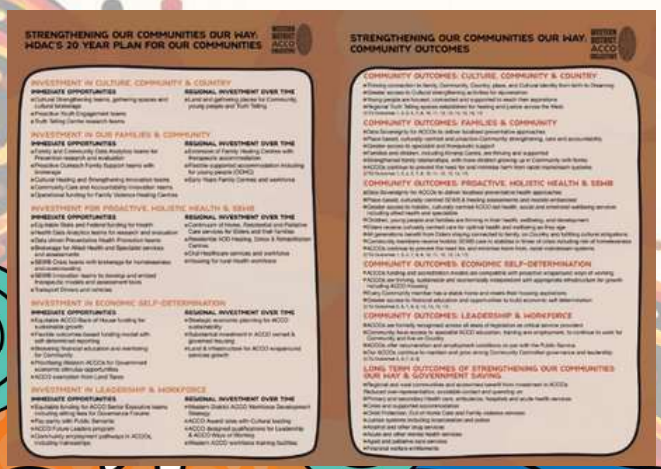
"Our ACCOs and Communities have continuing connection across the Western Region, sharing celebrations, success and practices – holding each other up. Our collective Community spirit and pride are strong"

For more information, please visit www.wdac.com.au

WDAC ACTIONING REGIONAL GOVERNANEC IN 2025-2026

"WDAC is our Western Division's self-determination in action, changing the way we do business."

- **Our WDAC CEOs met regularly** to share knowledge and inform regional planning and advocacy.
- **WDAC led our Regional Data Project,** in partnership with the Australian Institute of Health and Welfare and Deakin Rural Health, including interviewing 300 ACCO Staff; and **launched WDAC's 20-Year Plan for *Strengthening our Communities our Way*** at Parliament in Melbourne and Canberra with Ministers from across the Victorian and Commonwealth Governments.











WESTERN DISTRICT ACCO COLLECTIVE: 2025- 2026 ANNUAL REPORT

WDAC works in partnership with National Commissioner for Aboriginal and Torres Strait Islander Children and Young People, Commissioner Sue-Anne Hunter.
WDAC strengthened our partnership with the First Peoples Assembly of Victoria and now, Gellung Warl including contributing to the ACCO Governance framework for Treaty.
WDAC strengthened our partnerships with Victorian ACCOs including Loddon Mallee Aboriginal Reference Group (LMARG), Victorian Aboriginal Health Service, Aboriginal Housing Victoria, Aboriginal Community Elders Service (ACES) and Ngwala Willumbong.
WDAC represented our region at Victorian Governance forums including as VACCHO and NACCHO members, Treaty ACCO Governance Forum, Victorian Aboriginal Children and Young People's Alliance, Ngaweeyan Maar-oo Closing the Gap Partnership forum, Victorian Health and Wellbeing Partnership Forum, Victorian Aboriginal Housing and Homelessness Forum, Barwon Health, and Western Victorian Public Health Network (PHN).
WDAC strengthened our relationships with Victorian and Federal governments Ministers and Departments, including Minister for Aged Care, Sam Rae visiting BADAC's Elders Independent Living Village. Deputy Prime Minister the Hon. Richard Marles, Senator Jana Stewart, and Member for Greater Geelong, Christine Couzens MP (Victorian Parliamentary Secretary for First Peoples) continue to actively support WDAC's regional advocacy for our Communities.
WDAC are leading an aspirational and self-determined 10 Year Regional Plan for Homelessness and Housing for the Western Districts.

ACTIONING WDAC's 20-year plan FOR STRENGTHENING OUR COMMUNITIES OUR WAY



In alignment with our 20-Year Plan and founded in our ACCOs' Community Controlled and Culturally embedded holistic wraparound model of care, WDAC's action and advocacy are focused on Regional Priorities for our Communities and ACCOs including

- ***Strengthening Our Communities, Our Way:*** Investment in our long-term data driven, Community-led approaches to support prevention, early help, healing and proactive outreach responses.
- ***Growing Our ACCOs' Continuum of Care for our Elders*** while living at home, scaling BADAC's supported Independent Living model, and business planning for a residential Aged Care facility.
- ***Regional ACCO-led Community Oral Healthcare:*** Investment in first phase of creating equitable access and preventative oral health outcomes for our Communities, based on WDAC's 2026 Regional Oral Healthcare Feasibility Study.

WESTERN DISTRICT ACCO COLLECTIVE: 2025- 2026 ANNUAL REPORT

- ***Affordable ACCO Housing across Western Victoria*** on existing ACCO and surplus Government land for priority Community groups of Elders, ACCO Staff, and Community entering the Housing market.

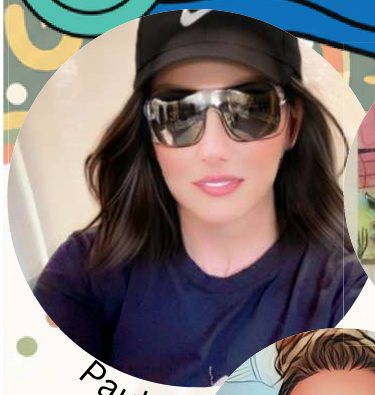
- ***ACCO-led Homelessness Services to address escalating Housing Stress and Homelessness*** impacting on our families and Communities. WDAC have secured initial flexible Homelessness brokerage for each ACCO.

- ***Business Plan for a Western Districts AOD Healing Centre*** towards providing supportive recovery and reconnection journeys of our Community members and their families.

- ***Grow our Own ACCO Leadership and Workforce:*** Place-based, regional ACCO leadership, governance, workforces, qualifications and 10 Year Strategy to sustain the growth of our Culturally embedded holistic wraparound model of care. WDAC have initiated a regional accredited ACCO Ways of Working Induction Unit to on board and support our staff and Community.

- ***Our Data, Our Way Project*** to develop our Data Sovereignty and trial utilising ACCO data across our eight ACCOs to inform local and regional Community Strengthening and planning.

- ***Economic Self-Determination for Sustainable ACCO Growth:*** Annual investment in sustain the self-determined growth of our critical Western District ACCOs with Offices of the CEO and a commitment to 30% Operational levy reflecting the true costs and economic self-determination of our ACCOs.





Paula

Tara

Quality and Admin

Paula O'Brien

Manager



Jaymee



Kimberley



Ivy



Melanie

Quality and Administration Annual Report – 2.25-2026

The focus this financial year has been RACGP, RACGP, RACGP! It has been a very busy time firmly focusing on reviewing these standards and putting into place lots of new policies and tightening our procedures. We reviewed our evidence in May and June with the very knowledgeable Riley from QIP to ensure we were on the right track. This was followed by an onsite visit by Cat and Tyler from VACCHO to help prep staff and do an environmental audit. All hugely appreciated and helpful as we prepare for assessment.

We farewelled Dr Chandan in January and welcomed Dr George Marcus and Dr Federico Bittar, with Dr Andrea Hedgland increasing her clinics and Dr Phil Hall continuing as usual. This team of GP's has been amazing to watch and learn from and we appreciate their knowledge and input in helping us have our procedures aligned with best practices. Much gratitude.

We welcomed two new staff into our Admin Team as Mikayla and James moved into the Elder Care Team. Jaymee took over reception with great expertise and Tara came on to help with Elder Care and to back fill our Admin tasks. What an amazing job these two have done! They tackled some big projects right out of the gate and did so with great skill.







Quality and Admin

Paula O'Brien
Manager

We have cemented our shared care meetings and documentation as well as our fortnightly GP/Health and Admin meetings. Both of which are invaluable.

We rolled out a Quality Management System software – LOGIQC – which is strengthening our systems and taking away the old word documents or spreadsheets for tracking things. Brilliant! Data being entered is already showing good results and will help to simplify trend reports and better reflect what is actually happening across the organisation.

We undertook a gap analysis against the Rainbow Tick Standards during this time period. Whilst we are not looking to undertake this accreditation at this time, we are keen to meet as many of the standards as possible, to help ensure our Rainbow Mob are cared for in a safe and supporting environment.

Next stop - Aged Care Standards!

Many thanks to my always hard working Admin Team – Jaymee, Tara and Ivy, thanks to Kimberley and Reagan in Playgroup (see their report on their fun activities) and many thanks to Melanie, our wonderful cleaner, who kept us all spick and span, the building smelling wonderful and looking great.

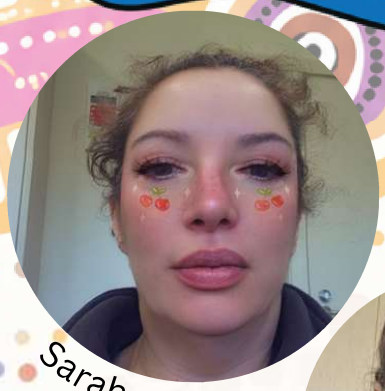






Health Program

Sarah Irving (RN)
Health Manager


Sarah


Kristy


Sarah B


Thalia

Health Team Annual Report 2025–2026

The 2025–2026 year has been another busy and productive year for our health team, with continued growth in demand for health services and strong participation in community health promotion activities.

Our health team remains committed to providing accessible, culturally safe and community-led health care. Our approach extends beyond providing clinical services and focuses on prevention, early intervention, health education and reducing barriers to accessing care. Throughout the year, the health team continued to work closely with the other teams at Kirrae, local hospitals and specialist services. Community events, incentives, transport assistance, outreach and culturally appropriate health promotion were used to engage community and encourage participation in preventative health care. A major theme throughout 2025–2026 was “Protecting Generations.” This message was incorporated into our vaccination and cancer prevention activities and reinforced the importance of protecting the health of our children, adults and Elders now and into the future. The health team recognises that improving health outcomes requires more than simply making appointments available. Services need to be culturally safe, trusted, accessible and responsive to the needs of community.

Our Aboriginal Health Practitioner Trainee Kristy plays a vital role in connecting clients with services and supporting clients throughout their health care journey. Community consultation and participation continue to inform programs and health promotion activities. The use of local community members in radio, social media and promotional campaigns during 2025–2026 has been particularly successful in ensuring messages are community focused.

Relationships with external health providers are also strengthened by encouraging visiting practitioners and services to participate in community activities and develop relationships with clients outside the traditional clinical setting.

Health Program

Sarah Irving (RN)
Health Manager

Cancer Prevention and Screening

Cancer prevention and early detection were significant areas of focus during 2025–2026. The health team implemented a range of targeted campaigns aimed at increasing community awareness, improving screening participation and reducing barriers to accessing cancer screening.
An important component of this work was using the faces and voices of local community members in radio, social media and health promotion activities. This helped ensure messages were culturally relevant, familiar and community focused.

Skin Cancer Awareness and Screening

A comprehensive SunSmart and skin cancer awareness campaign commenced in late 2025.
Community members were surveyed regarding their knowledge of skin cancer, sun protection and sunscreen use. The information gathered assisted the Health Service to better understand community knowledge and target health promotion activities.

33 community members were survey and the following statistics discovered,

- Only 3 people applied sunscreen every day
- 10 only applied during summer
- Most forget to wear sunscreen because they don't like how it feels and they don’t like the cost of sunscreen
- Many only wear sunscreen when it's warm and sunny
- 1 has never worn sunscreen
- 7 didn’t have sunscreen accessible at home
- 14 don't check the expiration date of sunscreen
- 22 don't wear sunscreen on cloudy days
- Majority say that they do burn



Out of the parent and carers surveyed.

- 14 put sunscreen on kids but not themselves
- 5 put sunscreen on kids and themselves
- 4 make kids wear hat but do not themselves





Health Program

Sarah Irving (RN)
Health Manager

During November and December, social media and radio campaigns promoted SunSmart behaviours and encouraged community members to undertake regular skin checks. Local community members participated in the campaign, with their faces and voices helping to deliver health promotion messages.
Wide-brimmed hats were distributed at community events and lunches. Community members were photographed wearing the hats, with these photographs incorporated into the campaign.
SunSmart packs were also developed and distributed. Packs included sunscreen and skin cancer screening information, along with specially produced fridge magnets identifying skin spots and changes that should prompt a skin check.
The awareness campaign was followed by a visiting skin specialist providing dedicated skin checks for community members. Participants received a gift voucher following completion of their check.

Outcomes:

- **45 skin cancer checks completed**
- **74 sunscreen/SunSmart packs distributed**
- Increased community exposure to SunSmart and skin cancer prevention messages
- Improved access to specialist skin checks locally
- Increased awareness of changes in skin lesions that require assessment

Women's Health Week 2025

Women's Health Week provided an opportunity to combine cancer screening, preventative health care, education and social connection in a culturally safe and welcoming environment.
A Breast Screen bus attended Kirrae Health Service, with a women's health nurse and doctor also available onsite. Women were able to access breast and cervical screening and discuss other health concerns.









Health Program

Sarah Irving (RN)
Health Manager

- An evening community event was held on Country at Kirrae Health Service and included trivia and a pizza van. A McGrath Breast Care Nurse provided a presentation and spent valuable one-on-one time with women answering questions and providing information about breast cancer and available supports.
- Education regarding vaping and its health impacts was also incorporated into the event.
- Women received gift bags containing pamper items together with cancer screening, prevention and support information.

Outcomes:

- **36 women attended the Women's Health Night**
- **16 women completed breast cancer screening**
- Breast and cervical screening promoted in a culturally safe environment
- Increased access to cancer information and specialist support
- Strengthened relationships between community members and cancer support services

Lung Cancer Screening

The introduction of lung cancer screening has provided another important opportunity to promote early detection within our community.
Kirrae Health Service promoted lung cancer screening through local radio and social media campaigns and provided practical assistance to help clients access screening.
Transport and fuel vouchers were available for clients attending lung screening appointments, reducing financial and geographical barriers to participation.
Clients were also encouraged to return to their GP to discuss their cancer screening results and received a gift voucher following their GP appointment.
To date, 6 clients have completed lung cancer screening, with promotion and support continuing.









Health Program

Sarah Irving (RN)
Health Manager

Supporting Community Members Affected by Cancer

Kirrae Health Service has continued its collaboration with the **Aboriginal Liaison team at South West Regional Cancer Centre.**

The Aboriginal Liaison team has been encouraged to attend community lunches and events to introduce themselves and build relationships with community members before their services are required.

This relationship-building approach is particularly important when supporting Aboriginal clients and families through a cancer diagnosis. Familiarity with the Aboriginal Liaison team can help clients understand where support is available and provide an important connection between community, Kirrae Health Service and specialist cancer services.

The Health Service will continue to strengthen these relationships and support clients throughout cancer investigation, diagnosis, treatment and recovery.

Immunisation and Protecting Generations

Immunisation remained a major preventative health priority during 2025–2026. Kirrae Health Service continued to look for innovative and culturally appropriate ways to promote vaccination, particularly among groups who may otherwise be reluctant to access vaccination services.

The **“Protecting Generations”** theme was used throughout the campaign to reinforce the message that vaccination protects individuals, families, Elders and future generations.







Health Program

Sarah Irving (RN)
Health Manager

Annual Influenza Vaccination Night

Our annual influenza vaccination night was extremely successful, with more than **170 people vaccinated against influenza.**

Participants enjoyed a three-course dinner and received an Oodie decorated with artwork by **Bayley Mifsud**, based around the theme of Protecting Generations.

Children received children's Oodies, while babies received beanies and blankets featuring the artwork.

Everyone vaccinated also received a **Winter Wellness Survival Pack** containing winter essentials and infection-control products.

The event demonstrated the effectiveness of combining preventative health care with culture, community connection and incentives to improve engagement.

Elders High Tea

A dedicated Elders High Tea was held to promote vaccination and provide an opportunity to discuss the importance of immunisation with our Elders in a relaxed and welcoming environment.

This approach allowed health information and vaccination opportunities to be provided alongside social connection and community engagement.

Children's Immunisation Day

A dedicated children's immunisation event was also held, incorporating a petting zoo, jumping castle and face painting.

The event created a positive and family-friendly environment and provided an excellent opportunity for staff to discuss childhood vaccination with parents and carers, promote the importance of keeping immunisations up to date and provide vaccination opportunities.









Health Program

Sarah Irving (RN)
Health Manager

Community Health Promotion
Radio and social media campaigns supported the vaccination program throughout the year. Importantly, the campaigns featured the **voices and faces of local community members**, helping to ensure health messages were relatable, culturally appropriate and community owned.

Access to Health Care
Demand for primary health care at Kirrae Health Service continues to grow. A significant achievement during 2025–2026 was the commencement of **two new doctors**, allowing the Health Service to increase the number of GP appointments available to clients. Improved GP availability strengthens our ability to provide preventative health care, health assessments, chronic disease management, cancer screening follow-up, mental health care planning, referrals and management of acute and ongoing health concerns. Kirrae Health Service continues to actively encourage clients to complete Aboriginal and Torres Strait Islander health assessments and participate in preventative health screening.
Recall systems, outreach, community events, Aboriginal Health Worker engagement and incentives continue to be used to encourage participation.

Chronic Disease Prevention and Management
Chronic disease remains an important area of focus for Kirrae Health Service. The Health Service continues to support clients through GP management plans, team care arrangements, chronic illness nursing support, Integrated Team Care programs and access to allied health and specialist services.
Point-of-care testing, including HbA1c, lipids and urinary ACR, supports timely monitoring and management of chronic disease.
Clients may also receive assistance with the cost of medications, pathology, radiology, allied health appointments and other health-related expenses where appropriate.
The availability of visiting and onsite allied health professionals continues to improve access to services including podiatry, diabetes education, physiotherapy, osteopathy, chiropractic care, counselling, alcohol and other drug support, optometry and audiology. Telehealth and assistance with transport and travel are also used where appropriate to reduce barriers to specialist care.

Health Program

Sarah Irving (RN)
Health Manager

Supporting children and families

Supporting healthy children and families remains a core priority.

Kirrae Health Service continues to work collaboratively with Koori Maternity services, Maternal and Child Health, visiting health professionals and community programs to improve access to health care for mothers, babies and children. Support includes health assessments, immunisation, transport, accommodation assistance where required, maternity packs, baby bundles and access to specialist services. Child health assessments continue to be actively promoted through community events, playgroup and direct engagement with families.

Where appropriate, incentives and practical supports are used to encourage families to participate in preventative health care and reduce financial barriers to accessing services.

Lung Health

Lung health activities during the year included promotion of influenza, COVID-19 and RSV vaccination, smoking cessation support, nicotine replacement therapy and lung cancer screening. Spirometry continues to be available onsite, allowing clients to access respiratory assessment without travelling outside the community. The Health Service continues to promote smoking cessation and respiratory disease prevention while supporting clients already living with chronic respiratory conditions.

Eye, Ear and Oral Health

Kirrae Health Service continues to support community access to preventative eye, ear and oral health services. Visiting optometry services assist with early identification of eye disease, particularly among clients living with diabetes and other chronic conditions. Financial assistance with glasses continues to reduce barriers for community members. Ear health screening and the Healthy Ears program continue to support early identification and management of hearing and ear health concerns. Oral health promotion remains particularly important for children and families. Dental checks are encouraged, oral health education is provided through community programs and financial assistance is available for eligible clients to access dental care.











Health Program

Sarah Irving (RN)
Health Manager

Koori Way and Community Engagement

The Koori Way plays an important role in Tackling Indigenous Smoking through population health promotion and engaging community through events, education and designing campaigns to target the use of tobacco and vaping products. Kirrae Health Service staff member, Thalia, is The Koori Way officer. This year, The Koori Way has supported events including NAIDOC, Women's Health Week, Ready for Learning day, Close the Gap, The Koori Karnival, World No Tobacco day and Flip the Vape week.

Ready for Learning Day was held in January where 40 young people engaged in vaping education and song writing with Michael Chivers AKA 'Prosper'. The song written on the day has been recorded with the help of the attending children and is in the process of being produced.

The **Koori Karnival** was held again in March, surpassing expectations in attracting approximately **1200 people** to the event. The Koori Karnival is the largest and most successful Koori Way event in the state. It is a family fun day, celebrating culture, connection and health promotion to regional Aboriginal and Torres Straight Islander people and their families. The South West Koori Way team are preparing to host the event in March 2027.

Thalia has facilitated education programs in local high schools, to discourage the use of tobacco and vape products. Approx. 30 year 7 students in the Klontarf and Star girls program have completed the 5 sessions and received their Koori Way rugby jumpers for engaging in the program.

Thalia, and the 3 other South West Koori Way workers created a pregnancy campaign, using a local Aboriginal women. This involved a pregnancy photo/video shoot with the content captured being used across the state in The Koori Way pregnancy campaigns.

Thalia has attended state wide meetings and workshops, including attending a Tackling Indigenous Smoking Jurisdictional workshop held in Perth in March.





Health Program

Sarah Irving (RN)
Health Manager

Achievements 2025–2026

The year has demonstrated strong community participation across a range of preventative health initiatives. Key achievements included:

- **More than 170 influenza vaccinations** delivered at the annual vaccination night
- **45 community skin checks** completed
- **74 sunscreen/SunSmart packs** distributed
- **36 women attending the Women's Health Night**
- **16 breast cancer screens** completed
- **6 lung cancer screens** completed to date
- Approximately **500 people attending the Koori Carnival**
- Two new doctors commencing, increasing GP appointment availability
- Strong radio and social media campaigns featuring local community voices and faces
- Continued collaboration with the Aboriginal Liaison team at South West Regional Cancer Centre
- Dedicated vaccination activities for Elders, children and families
- Continued expansion of preventative health, chronic disease and community engagement activities

Challenges and Areas of Focus

The health team continues to experience considerable growth in its client base and demand for services. This growth has occurred without equivalent growth funding, while wages, medical supplies, utilities, insurance, transport and general operating expenses continue to increase. Cost-of-living pressures are also having a significant impact on community members, with increasing numbers of clients requiring assistance with transport, medications, medical appointments and other health-related expenses. Increasing demand without corresponding increases in funding continues to place pressure on existing resources. Increasing service demand and limited staffing also create workload pressures and an ongoing risk of staff fatigue and burnout.



Health Program

Sarah Irving (RN)
Manager

Our focus for the coming year will
be to build on the achievements of 2025-2026
increase preventative health and screening
participation and continue working alongside community to protect
the health and wellbeing of current and future generations.
Activities of focus for the next 12 months include

- Increasing participation in cancer screening and ensuring clients requiring follow-up are supported through the referral and treatment pathway.
- Continuing the Protecting Generations approach to vaccination and preventative health.
- Increasing Aboriginal and Torres Strait Islander health assessment participation.
- Strengthening chronic disease prevention, early detection and management.
- Continuing targeted women's, men's, children's and Elders health activities.
- Strengthening relationships with cancer, hospital, allied health and specialist services.
- Maintaining strong community participation in the design and delivery of health promotion activities.
- Continuing preparation for RACGP accreditation and strengthening clinical governance systems.



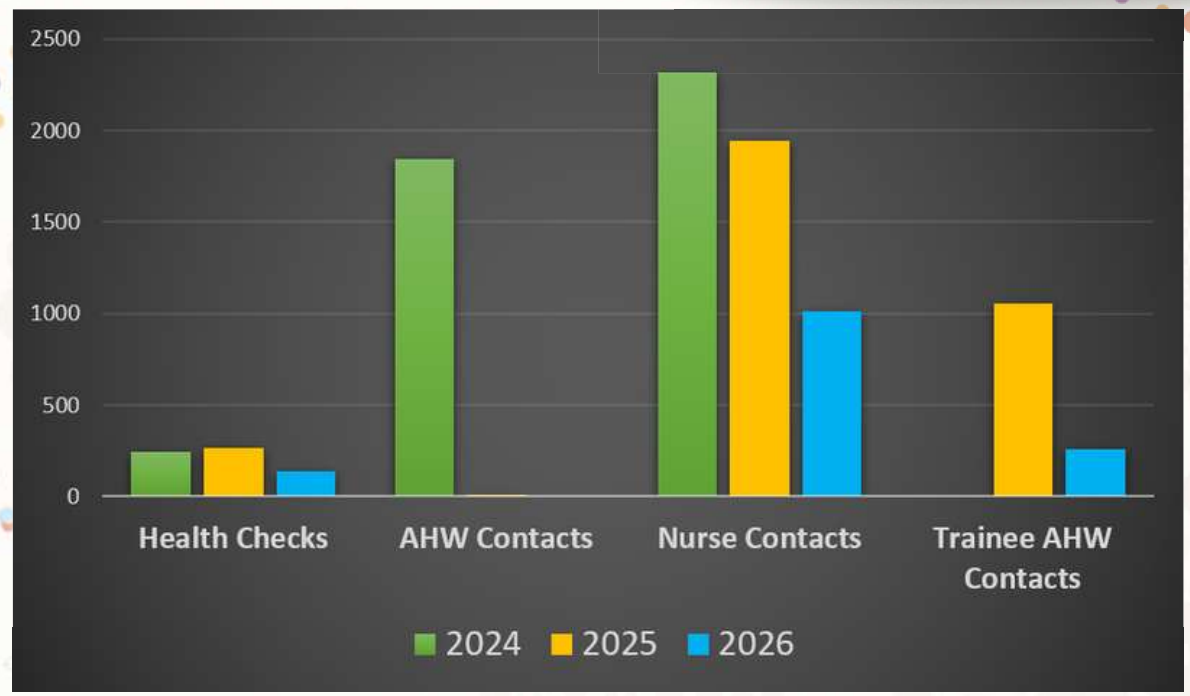




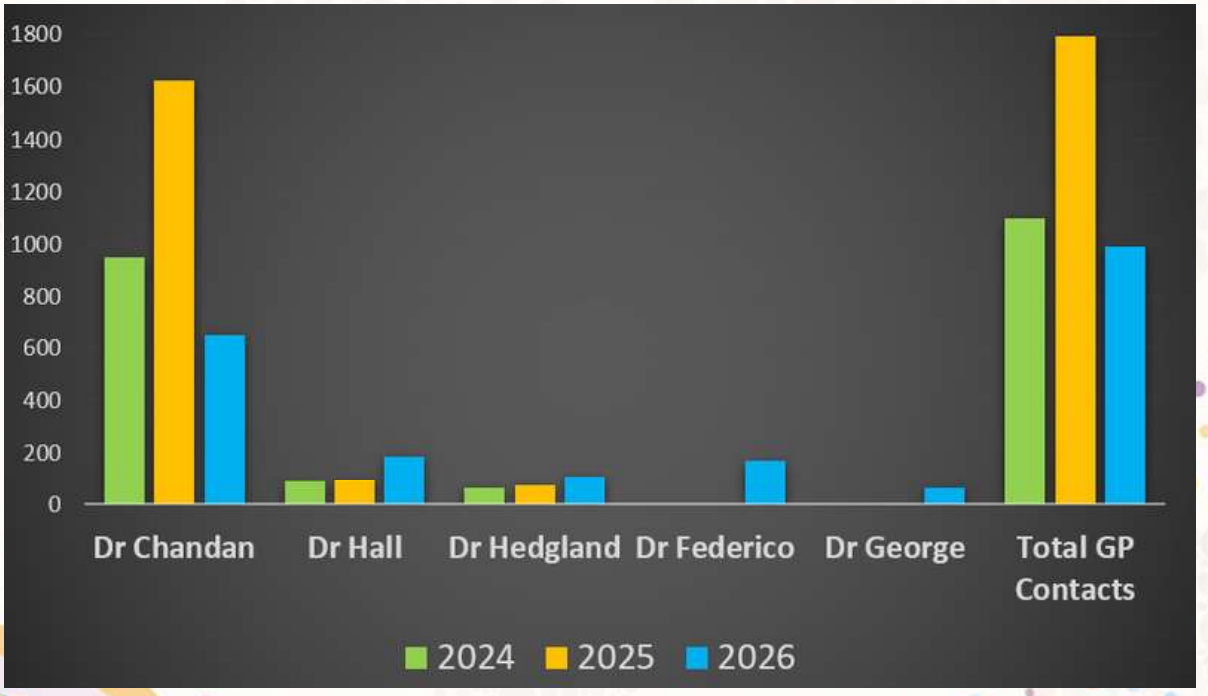


Health Program

Sarah Irving (RN)
Manager













Social, Emotional & Wellbeing Program (SEWB)
Amy Weber
Manager


Amy


Jos


Mark


Casey


Rebecca

SEWB Manager: Amy

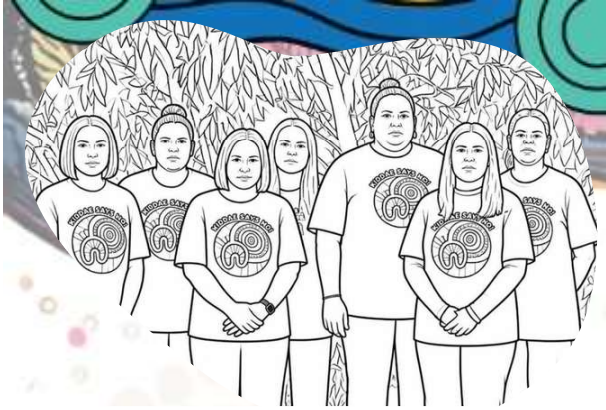
At Kirrae, holistic care is simply the way we work.

It comes from knowing community, understanding that life is rarely straightforward and recognising that community do not come to us as one issue or one referral. Individuals may first come in wanting support with alcohol or other drug use, but there may also be grief, family stress, housing concerns, mental health, justice involvement or disconnection sitting alongside it. We do not expect people to separate all of that before asking for help. We take the time to understand what is happening around them and walk together to identify what support will be most useful.

Sometimes that support is counselling, an assessment or help to access detox or rehabilitation. Other times it is advocacy, transport, court support, practical help, linking in with family or simply making sure someone stays connected while they are on their journey. We know trust can take time and that people often reach out in small ways before they are ready for formal support. This is why so much of our work happens outside traditional appointments. It may begin with a yarn in the hallway, a conversation at a group, a quick check-in at community lunch or support provided out in community. These moments can look small, but they are often where relationships begin and where we can offer support early.

This year, the direction of the team has become much clearer. We have experienced staffing changes, growing demand and times when the team has needed to stretch and adapt. Through all of that, we have stayed focused on what community values about Kirrae: being approachable, knowing community, following through and not making someone start again or re tell their story every time their needs change. Good care is also about relationships, consistency, visibility in community and working together across SEWB, AOD, youth, men's wellbeing and family support. We saw the importance of this during changes within the team. Clients were supported to connect with other services, but many chose to remain with Kirrae while recruitment was underway.





Social, Emotional & Wellbeing Program (SEWB)
Amy Weber
Manager

They understood our capacity was limited but wanted to stay connected with people and a service they trusted. For us, that was a strong reminder that the relationship is often just as important as the support itself. Our focus has not been to change what makes Kirrae different, but to strengthen it. The move from Communicare to Womenjeka, together with stronger care planning and clearer documentation, will help us work more consistently while keeping relationships, flexibility and community at the centre.

When we look for funding, we are not simply looking to create another short term project. We look for opportunities that respond to what community has already told us is needed and allow us to build something meaningful, practical and lasting. This year, Kirrae was successful in receiving a Mental Health and AOD capital grant to develop a community gym on Country. The vision is for more than a room filled with equipment. We want a welcoming space where community can strengthen physical health, confidence, routine and connection in an environment where people already feel supported. For many clients, physical health cannot be separated from mental health, recovery or social and emotional wellbeing. A gym at Kirrae will create opportunities for people who may not feel comfortable attending mainstream facilities or who face financial or transport barriers. It will support care planning, AOD recovery, group programs and broader wellbeing, while also creating natural opportunities for connection with staff.

Separate to the gym project, we submitted a grant application for a Marr Weereeng Men's Shed on Country. The idea came from the men themselves. Through conversations and feedback with our Men's SEWB Coordinator, men identified that they wanted a regular, alcohol free place where they could spend time together, work on practical projects, yarn, take part in cultural activities and share skills without needing to enter through a formal support pathway. The Men's Shed would be more than a workshop. It would be a space for connection, culture, mentoring, practical learning and informal wellbeing support.









Social, Emotional & Wellbeing Program (SEWB)
Amy Weber
Manager

It could bring older and younger men together, allow knowledge to be passed on and support projects that give back to Kirrae and community. There is also potential for training, employment pathways and small economic opportunities. Mark has visited other Aboriginal Men's Sheds to learn from what has worked elsewhere, while making sure our model remains shaped by Kirrae men, community and values. The bigger focus is ensuring men have genuine ownership of the space and its future direction. Our AOD and justice work has continued to grow, with strong client engagement and more people taking the step into detox and residential rehabilitation. For our team, making a referral is only the beginning. Entering treatment can be overwhelming, particularly when it means leaving family, community and everything familiar. We spend time with each client looking at the available options and helping them choose a service where they feel safe and that suits their needs. That service is not always the closest one, and throughout the year staff have transported clients to detox and rehabilitation programs across Victoria. Those trips take time, but they are an important part of the support we provide. Having a familiar worker beside someone can be the difference between arriving and walking through the door or pulling out at the last moment. Staff help clients prepare, understand what to expect and work through barriers before admission. Our involvement does not stop once a client enters treatment. Workers remain connected and, where possible, visit clients while they are in rehabilitation. This helps people maintain their connection to Kirrae and community and allows us to begin planning for their return home. Completing treatment is an important achievement, but what happens afterwards is just as important. Recovery needs somewhere safe to land, with relationships and supports already in place. Clients who may previously have disengaged from formal treatment have been willing to consider detox or rehabilitation because they know they will not be expected to navigate the process alone. The team continues to work with treatment services to reduce barriers, strengthen aftercare and make the pathway feel more manageable and culturally safe. Our justice work has become a stronger part of the program as well. Through Koori Court, Local Justice, VALS, Corrections, LAJAC and RAJAC, we have continued building relationships and clearer pathways into Kirrae. Prison visits have been an important development.







Social, Emotional & Wellbeing Program (SEWB)

Amy Weber

Manager

Meeting with clients before release gives us the opportunity to build or re establish the relationship, understand what they will need when they return home and begin organising support early. This may include AOD care, mental health support, transport, housing advocacy, parole requirements and connection back to family and community. One of the highlights of the year was Nonnie and I attending the prison NAIDOC event. It was an opportunity to connect with Mob in prison in a setting centred on culture, community and identity, while making Kirrae visible to people who may return to our community and beginning conversations about support after release. Through this work, we have been able to speak more openly about the gaps community can face when leaving prison. People can be released with appointments, conditions and expectations already in place, but without clear communication between services or the practical support needed to meet them. They may need to report to Corrections, attend treatment, organise medication, secure housing, reconnect with family and manage transport, sometimes within the first few days of being home. When systems do not work together, people can quickly become overwhelmed. Missed appointments or difficulty meeting conditions can be viewed as non compliance, even when the real issue is poor coordination, transport, housing or unclear pathways. These barriers can place people at risk of breaching parole before they have had a genuine opportunity to settle back into community. Our focus is on helping create a smoother transition. By beginning the relationship before release, identifying barriers and making sure the right people are communicating, we can help clients understand what is expected and have practical supports ready. Our strengthened partnership with the RAJAC officer and Corrections has created greater opportunities for parole planning, release support and continuity of care. This reflects the wider Kirrae approach. We do not want to wait until someone misses an appointment, relapses or reaches crisis. We want to meet community earlier, walk beside them through the transition and make sure they return to a service where they are known, welcomed and supported, rather than being left to find their way through another complicated system alone. We would like to thank community for continuing to trust us, share experiences and help shape the direction of the SEWB and AOD program. The strongest parts of our work come from listening to what people tell us, learning from what works and being willing to change when something is not meeting community need. We encourage community members, clients and families to keep sharing their ideas and feedback and to be involved in co designing the services, groups and programs that belong to them. This program will continue to grow through the voices, strengths and leadership of community.





Social, Emotional & Wellbeing Program (SEWB)

Koko Blokes





Koko Blokes meet most fortnights at Kirrae Health for yarns, dinner and often basketball or touch football. One night they had a guest person teach them how to transfer pictures to objects such as boomerangs. A three-day camp was held at the Portland Bay lodge where the blokes, participated in fishing in the bay, paint ball /laser tag and trampoline park. They visited the sink holes and Englebright cave in Mt Gambier. A combined fishing clinic (Koko Blokes and Men's group) was held and hosted by Richardson Marine at Kirrae where the Blokes were able to learn about different rigs and baits. They also had the opportunity to look at a boat equipped for fishing. The Warrnambool hwy patrol held a road safety talk at Kirrae for the Blokes that aimed at e-scooters and motor bikes. The Blokes are about to go on another camp to Ballarat staying at the Log Cabin Park.









Kirrae Pineitch Tannumbor

Social, Emotional & Wellbeing Program (SEWB)

Women's Group

This year brought several changes for the Women's Group, particularly with staff leaving and new recruitment taking place. Throughout this period, the focus was on keeping the group connected and supported while creating space for the women to have more say in where the program goes next. Mikaylah from Eldercare/HACC and Jaymee-Lee from Reception worked alongside the group to help with planning, organisation and facilitation, while also making sure activities continued to meet funding and program requirements.

Nights on Country remained an important part of the group, with food trucks such as the Spud Van and Bunz Sanga's serving up tea right there on site. The women also took part in presentations from Gambler's Help and Let's Talk, enjoyed craft activities, shared dinner at Lady Bay and spent an evening together at the outdoor hot springs. These activities created opportunities to relax, connect and talk openly about what the group could look like in the future. A highlight was an overnight trip to Melbourne for the Melbourne International Flower and Garden Show. There was a great turnout, and the trip gave everyone time away together to connect, unwind and share their knowledge and interest in gardening and flowers.

Feedback from the women has been important in shaping the future direction of the group. The program needs to be led by community and by the women themselves, while still including useful social and emotional wellbeing information and support. The women identified gaps around support for parents and carers of community members experiencing alcohol and other drug or mental health challenges, particularly when trying to navigate services. There was also strong interest in camps away, more sessions on Country and creating different opportunities for specific groups of women within the broader group. Further co-design will be important to make sure activities are realistic, manageable, meaningful and able to be delivered within the available funding.

A big thank you to Mikaylah and Jaymee-Lee for their support, flexibility and commitment throughout the year. The patience of the women is also greatly appreciated, as proper community led co design takes time. There is a lot to look forward to as the group continues to grow and develop.







Social, Emotional & Wellbeing Program (SEWB)

Men's Group





The men had the chance to attend the fishing clinic and earlier in the year and attended the RSL for dinner.

Yarning circles at Kirrae have been held with more planned.

Potential new members have made enquiries with new men to start attending the group soon.

The men attended Tae Rak for lunch and are expecting to return later in the year for another lunch and custom / private tour or Budj Bim.

Activities have been organised for the Elder men during senior's week in October.







Social, Emotional & Wellbeing Program (SEWB)

Little Sistas

Little Sista's has run 18 sessions over the 2025-2026 financial year with a consistent average of 9 girls in attendance each session. Numbers remain consistent which really shows the success of the Little Sista's as a group and the level of value that the group brings to the girls.

Activities have included a range of activities from, health promotion; Dinner set designing & healthy eating, puberty info night, Karate session at Funakoshi, to Arts and craft activities; Emu egg painting, Nail art decorating, Halloween make up day, Mothers Day wood burning onto chopping boards, through to fun outings which have included;Day trip to Melbourne cable park with the KALAT Girls, Bowling, Toy Story movie night with the KALAT Girls, and many dinners over the year. These activities have provided space for the girls to develop deep bonds within the group and with staff of Kirrae Health Service, and have provided opportunities that promote holistic wellbeing.

Little Sista's have said good bye to 3 of our OG group members who have made the transition on to KALAT girls, these girls have been in the Little Sista's Group since the very beginning and we are so proud and honoured to have watched and been a part of their growth into the kind hearted, strong and proud young girls they are today. We look forward to continuing to support these girls on their journey through the KALAT Girls. As we have said goodbye we have also gladly welcomed 2 new Little Sista's to the group.

For the year ahead we can expect a continuation of what has been such a positive and thriving group with more attuned focus on wellbeing activities and promotion around mental health.







Kalat Girls

Social, Emotional & Wellbeing Program (SEWB)

Kalat Girls

Kalat Girls has continued to develop throughout the year, with a focus on building engagement and exploring what the group could look like moving forward. The girls have participated in a range of activities, including movie outings, dinners and an afternoon at the Health Service, providing opportunities to connect, build relationships and spend time together in a relaxed environment.

As the program develops, there is an opportunity to establish Kalat Girls with its own identity alongside Little Sistas, creating a space specifically for the older girls and their changing needs and interests. An important part of this will be listening to the girls and allowing their voices to help shape the direction of the program.

Moving forward, a key priority is securing a dedicated facilitator who can provide consistency, strengthen engagement and support Kalat Girls to grow into a regular, meaningful and sustainable program.







Playgroup

Kimberley Harradine
Children's Activities Coordinator



Children's Activities

This year has been another really busy and enjoyable year for our playgroup. We have continued to provide lots of different activities and experiences for the children, giving them plenty of opportunities to learn, play, explore and have fun together, while supporting their development, confidence, communication and social skills.

One of the Deadly highlights of the year was our annual excursion to Werribee Open Range Zoo in November. This year, families stayed overnight in Geelong before heading to the zoo. Although it poured with rain, everyone still had a great time and made the most of it. The safari bus was definitely a favourite with the children.

The children have continued to enjoy gymnastics, attending at least once each term. They love being active, trying new things and having fun together.

Speech pathology has also continued to come out to playgroup, supporting the children's language, speech and communication development. Another highlight was our fun fair day, which was a great day for the children and families to come together. We had a petting zoo, jumping castle and face painting, and flu vaccinations were also available. The children also received specially designed blankets, along with Oodies and beanies.











Playgroup

Kimberley Harradine
Children's Activities Coordinator









We also purchased tickets for the children and their families to attend a live Bluey concert at the Lighthouse Theatre. It was a great experience for everyone and another opportunity for everyone to enjoy something together.

This year we were also excited to get new playgroup clothing. The children received new jumpers, track pants, backpacks and beanies, along with puffer vests and jackets. Staff also received new puffer vests, jackets and track pants. The kids look amazing in their new gear, and it has been great seeing everyone proudly wearing our playgroup logo.

It has been so rewarding watching the children grow throughout the year. We see changes in them each week, especially in their language, speech and confidence. The kids are becoming more confident talking, joining in, making friends and having a go at new things. It is great to see how much they have grown and developed throughout the year.

This year we welcomed Reagan to our team, and it's been great having her join us and become part of our playgroup family.

We also said goodbye to Caitlin, who left Kirrae to move on to new things. We still see Caitlin regularly, as her new nephew has joined our playgroup. She often pops in to visit, and it's always great to see her.

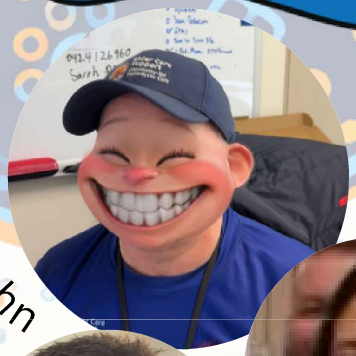
We are very proud of all the children and everything they have achieved this year. We look forward to another year of learning, playing, having fun and making lots more memories together.



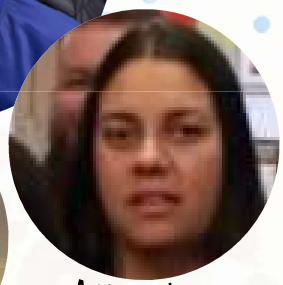



HACC and Elder Care Support Program

John Brooks - Manager


John


James


Mikayla


Darren


Sam


Tylah

First, a big thank you to the Community for supporting us throughout the year. I would like to thank all staff at Kirrae Health service for their outstanding support, special mention to Nonnie & Paula for their support in my role.

Tylah & Sam have been working outstandingly for the community helping with activities, special days, mowing lawns, cooking BBQ and serving out community lunch. Big thanks to the Trust boys for working with our crew and for cooking the BBQ on our special days at Kirrae! The boys are versatile and can fill in anywhere at short notice.

Community Lunches continue to grow in numbers with lots of yummy food supplied from Kings catering. Big Thanks to Tara, Tylah, Sam, James, Darren and Mikayla for helping to set up, clean up and serve lunches as well as run our client draw. There were a couple of lucky winners in the client attendance wheel spin at lunch with great prizes. It was noted that a wide range of HACC-PYP/CHSP clients attended community lunches & all our special Days, Close the gap, Biggest Morning Tea and NAIDOC.

Bingo continued with lots of good prizes & fun. Well, done James, Mikayla and Tara as Bingo continues to be well supported by the community. Bingo started with a new caller Mikayla, and she has already got her own fan club.

The Elder Care Support team continue to deliver activities for our Elders with special events & activities. Walking group commenced and is held on every Monday with Mikayla with clients choosing how far they would like to walk. Our Friday Coffee club group continues to attract great numbers & are always supplied great information by Mikayla & Darren to catch up with all the latest Aged Care News. Participants get to choose where they would like to go for the coffee club and it is enjoyed by all. Input from clients continues to drive our Social Support lunch and Social Support activities, with good engagement across these fortnightly events.



HACC and Elder Care Support Program

John Brooks - Manager

We have continued to assist clients to find aged care package providers of their choice and to help them to navigate My Aged Care. We continue to sign up new indigenous clients to our programs.

We have worked closely with our Health and SEWB Team to ensure our shared clients receive the best support and care possible, with heartwarming stories and feedback arising from the care received. Even as we have said farewell to much loved Elders across this time, families words of thanks for the care we have given to their loved ones has shown us we are on the right path.

Staff have attended ongoing Sector Support & development meetings and undertaken training to keep up to date with Aged Care changes and ensuring we are working from a best practice perspective.

We attended a Southwest Carers information day & about 250 attended throughout the day with lots of enquires about Elder Care Support.

Kirrae Health Services continues to receive positive feedback from community members, health professionals, KADNAC, the Department of Health and other ACCOs.

Thankyou community and our hard-working staff, we look forward to continuing our great partnerships and supporting our Elders.



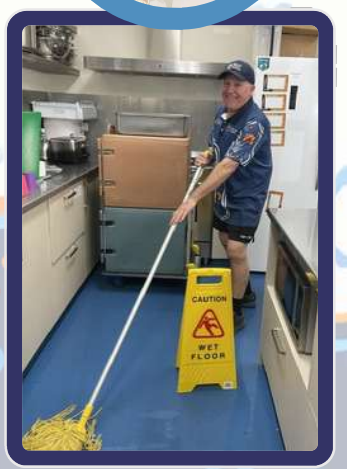














Maddi



Ivy



Rick

Finance Team

Maddi Kelly

Manager

The 2025–26 financial year has been one of continuous improvement with a strong focus on building efficient systems and planning for the future. This year we introduced a new external payroll system which provided a more cost effective and user-friendly experience for both staff and managers. The transition has reduced administration by moving to a digital system rather than a paper-based system.

Professional development has remained a priority this year. Ivy is nearing completion of her Certificate IV in Accounting and Bookkeeping, while Maddi undertook further studies to strengthen her financial knowledge and expertise. Together these ongoing learning opportunities have enhanced the capability of the Finance Team, leading to stronger processes, improved financial management and better outcomes for Kirrae Health Service.

We have also introduced several practical improvements to support the organisation. New vehicle detailing processes have been implemented to ensure our shared fleet remains clean, safe and welcoming for both clients and staff. A comprehensive asset register has also been developed, providing an accurate record of organisational assets for insurance purposes while allowing us to proactively plan for future replacements. By identifying when assets are approaching the end of their useful life, we can now budget for replacements in advance and identify grant funding opportunities ahead of time, ensuring critical assets can be replaced with minimal impact on the organisation's finances.

Behind the scenes, the Finance Team completed a full review of existing finance procedures and developed Standard Operating Procedures (SOPs) for all key tasks. This work has improved consistency, strengthened knowledge sharing across the team, and reduced reliance on individual staff members by ensuring critical processes can continue seamlessly during periods of leave or staff changes.

These initiatives reflect our commitment to building a stronger future for Kirrae Health Service. By continually improving our systems and planning ahead, we are creating a solid foundation that allows us to continue supporting community with confidence.





Finance Team

Maddi Kelly
Manager

Financial Snapshot

Over the years, Kirrae Health Service has continued to grow and strengthen.
Each year has brought new opportunities and challenges, but overall we have seen steady progress in both the funding we receive and the services we are able to deliver to our community. The overall trend shows that Kirrae is on a path of ongoing growth and stability. While there will always be natural fluctuations from year to year, our financial position demonstrates resilience and a strong foundation to continue meeting the needs of our community well into the future. Below is a snapshot of our revenue and expenditure over the 2024 – 2025 financial year compared to the previous years. You can find more detail in the extracts from our audited Annual Financial Statements in the following pages.

Income	24/25	23/24	22/23
Funding and other income	$4,087,949	$2,779,947	$2,939,483
Total Income	**$4,087,949**	**$2,779,947**	**$2,939,483**
Expenses			
Operating Expenses	$1,260,589	$1,313,486	$1,034,334
Employee Expenses	$2,013,511	$1,774,502	$1,245,748
Depreciation Expenses	$132,047	$57,252	$99,110
Finance costs	$14,688	$3,182	$4,179
Gain/Loss on disposal of property, plant and equipment	-$1,446	$2,113	$0
Total Expenses	**$3,419,389**	**$3,150,535**	**$2,383,371**
Surplus			
Excess of income over expenditure	$668,560	-$370,588	$556,112
Total Surplus	**$668,560**	**-$370,588**	**$556,112**









RSM

Kirrae Health Service Inc.

ABN 98 641 022 731

Financial Statements for the year ended 30 June 2026

KIRRAE HEALTH SERVICE INC.
ABN 98 641 022 731
Contents
For the year ended 30 June 2026

	Page
Committees' Report	1 –5
Auditor's Independence Declaration	6
Financial Statements	
Statement of Profit or Loss and Other Comprehensive Income	7
Statement of Financial Position	8
Statement of Changes in Equity	9
Statement of Cash Flows	10
Notes to the Financial Statements	11 –26
Statement by Members of the Committee	27
Independent Auditor's Report	28 –29

KIRRAE HEALTH SERVICE INC.
ABN 98 641 022 731
Committees' Report
For the year ended 30 June 2026

The committees present their report, together with the financial statements of Kirrae Health Service Inc. ("KHS") for the year ended 30 June 2026.

Information on committee members

The following persons were committee members of KHS during the whole of the financial year and up to the date of this report, unless otherwise stated:

Danny Chatfield
Louise Wackett (resigned 19 October 2025)
Dominque De Bono (resigned 19 October 2025)
Karren Harradine
Ronald Chatfield
Robert Campell (appointed 20 October 2025)
Jessica Chatfield (appointed 20 October 2025)

Principal activities

During the financial year the principal continuing activities of KHS were servicing the health needs of the Framlingham Aboriginal Community.

There were no other significant changes in the state of affairs of the incorporated association during the financial year.

Operating results

The loss of KHS amounted to $97,288 (2025: surplus of $668,560).

Objectives

The objectives of KHS are outlined in the 2025 – 2030 Strategic Plan which includes 6 key objectives as outlined below:

1. Provide and grow culturally safe, person centred, Aboriginal Community Controlled holistic health services.
2. Empower and support families and individuals, including those with disabilities, to build resilience and make health lifestyle, social, emotional and wellbeing choices.
3. Expand and strengthen health and wellbeing programs, services and representation for young people (0-25yrs)
4. Ensure older members of the community are able to choose and access culturally appropriate services and supports to assist their daily living and help foster social connections.
5. Ensure all interactions with clients are kind, caring and respectful of each client's identity, culture and diversity, religious or spiritual practices, sexual orientation, emotional or psychological needs.
6. Foster an ongoing culture of continuous quality improvement, strong governance, operational and financial best practices.

Strategy for achieving the objectives and performance measurement

To enable KHS to meet it objectives the committee has developed the 2025 – 2026 Operational Plan and is performance is measured in accordance with performance indicators below:

	Strategy	Measurement
1	Ensure infrastructure needs are reviewed and resources applied for including – more office space, enlarge community space	• Evidence of ongoing infrastructure advocacy to funding bodies Infrastructure grant funding streams identified • Needs prioritised • Project plans created • Possible partnerships identified
	Explore onsite physio and dental options to expand On Country service delivery	• Evidence of research and liaison with relevant service providers Review of space allocation and equipment needs and capacity Services onsite or feasibility report for BOM
	Offer relevant pathways for community to become a massage therapist, yoga	• Review of training options, support and funding • Review student placement options • Advertise for expressions of interest

Strategy	Measurement
teacher, chiropractor, optometrist, audiologist, nurse	• Newsletter and socials • CTG day promo
Ensure all relevant staff work from a trauma informed base	• All clinical staff to have training in trauma informed practices relevant to their field and scope of practice
Set up an Art/Craft centre at Kirrae to progress Art Therapy, cultural therapy, youth work, grief counselling	• Community consultation review • Space allocation and storage review • Funding stream identified • Implementation and review plan created • Training opportunities reviewed and sourced
Provide first aid training for community	• Evidence of expressions of interest collected • First Aid Training sourced relevant to identified needs • Course/s held onsite • Evaluation plan created and implemented
Increase strategies to monitor progress and behavioural change from health promotion programs	• Evidence of different strategies for process evaluation • Evidence of impact evaluation and outcome evaluation under different settings/programs • Evidence of review of current systems • Evidence of modifying or developing system for clinical and population monitoring and evaluation
Holistic health promotion across all Kirrae program areas	• Evidence of measures in place to help clients to overcome barriers to making healthy choices • Evidence of programs continued participation in health promotion • HP included in all activity planning and program reviews
Tackling Indigenous Smoking	• Evidence of advocacy for ongoing TIS consortium funding • Ongoing TIS health promotion including smoke free events • Quit support, KHS funded NRT support • Ongoing Quit advisor staff role • All health staff trained in Quitskills • Link Quit measures to 715's (health assessments)
Fitness programs	• Onsite and offsite fitness programs in place • Fitness incentives attached to 715's • Programs designed for HACC_PYP and CHSP clients • Youth fitness programs incorporated into existing groups and holiday program activities • Evaluation of fitness incentives and programs • All fitness programs linked to 715's for participants
Community events	• Evidence of annual community survey communicated, implemented, evaluated and referred to when planning • Evidence of a PDCA cycle of planning and evaluation of all community events • Evidence that events are culturally safe • Evaluation that shows community events assist in providing opportunistic occasions of health care and create opportunities for increased social, emotional wellbeing for community
Fruit program	• KHS fruit program continues for all children/clients of the service up to school leavers • KHS fruit program continues for Elders who wish to participate • Children who receive fruit undertake annual Health Assessments Parents of children who receive fruit undertake annual Health Assessments • Look for funding for fruit program to lessen the burden on health funding
Allied Health Services run onsite	• RWAV funding ongoing • Relationship with SWHC and private allied health providers is strengthened and evaluated • Infrastructure to support onsite allied health activities/staff displacement is sourced and implemented • Client feedback around allied health provision is sourced and reviewed for continuous quality improvement
Chronic Disease Management	• Evidence of ongoing participation in ITC PHN funding goals • Review of ITC and CDM case load for employment opportunities Evidence of person centred CDM plans for all relevant clients Evaluation of CDM

	Strategy	Measurement
		• Client feedback on CDM is included in the evaluation process and feedback is reviewed for continuous quality improvement
	Strong clinical governance Improving relationship with SWHC – ALO's, AHPAC	• Clinical governance training for all staff • Clinical governance framework documented, communicated, implemented and reviewed
	Cultural training	• Review of WVPHN consulted cultural awareness training • Research capacity for staff or interested community to conduct cultural awareness and cultural safety training or participate in further training consultation processes.
2	Out of rehab program, run by a success story of the program, culture base, AOD recovery	• Research, design and develop program • Engage consultant/s as required
	Women's group	• Assess level of community engagement, feasibility, funding, program design
	Men's shed/cultural shed	
	Cultural tours – ceremonial pit, invite people out to Fram, Tree planting	• Research tour logistics and implications for Kirrae • Review internal recruitment opportunities • Research funding and training opportunities • History – health – people – land • Existing people, train people • Here and the Trust, partner with Trust • Link to 1.16
	Advocacy, build capacity and partnerships	• Partnerships review and report • Evidence of partnerships with new medical clinics
	Expand HACC-PYP and CHSP program	• Program review • Increased workforce in this area • Increased skills capacity • Funding review and advocacy
	Disability Support Awareness	• Social media and newsletter information • Review website content and update • Carer Expo attendance and promotion • KADNAC support evident
3	Youth groups for all ages	• Kalat Girls members • Koko Blokes members • Have special day for children that don't fit age group for existing groups in the holiday periods – so 4 times a year
	Youth voice to the Board	• Send out expression of interest to community between 16 – 18 yo Target individuals • Provide information on being on a Board
	School based traineeships	• Trainee attend as required • Individual work plan created
	Increase collaboration with schools Playgroup – investigate holding more	• SEWB/Youth Worker to engage or make contact with schools • SEWB to engage with Keso's
	than once a week (2020 community survey) Tutoring for kids	• Review work plan • Investigate staff availability for extra day • Investigate the need
		• Kip McGrath • Send information to families • Have children assessed
	HACC PYP/CHSP Trainee	• Source funding - VACCHO • Advertise to community • Advertise outside the community
4	Annual Elders Gathering	• Scope the number of Elders interested in attending • Carers availability • Organise relevant information/speakers • Review organising with KADNAC/sourcing funding
	Elder abuse education and campaigns, Elder health and safety	• Send information out in newsletter • Make a Kirrae style poster/pamphlet • Guess speakers over lunch • Social media tiles
	Community games nights (2020 survey)	• Investigate the types of games • Availability of staff/volunteers

	Strategy	Measurement
	HACC PYP/CHSP Trainee	• Recruitment of trainee • Within community • External if no community interested
	Respect campaign	• Co-design with clients, Koko Blokes, Kalat Girls • Community art work and poetry attached to campaign • Social media campaign
5	Board support the staff and CEO Strong Governance	• Annual board self-reflection • Timely quarterly board meetings • Feedback • Accreditation needs met
	Staff Appraisal for PM	• Annual appraisal done by Chairperson and another board member
	Governance training for current and potential future members	• Liaison with VACCHO and Justice Connect to ensure training is available to suit the needs of learners • Connect with FAT training
	Training for staff	• Training register maintained • Training needs identified • Adequate funding for training needs
	Workforce continuity, workforce planning, succession planning	• HR trend report completed • HR gap analysis undertaken • Succession plans maintained/reviewed • Knowledge management processes a priority amongst teams
	Staff wellbeing	• Employee Assistance Program maintained • Staff able to identify signs of stress and anxiety • Annual staff survey • Team meetings • Staff days
	Accreditation/s	• Evidence submitted to QIP or other accrediting bodies • Successful accreditation assessments and quality reviews • National Health and Community Service Standards (edition 7) Accreditation maintained and Quality Work Plan goals achieved • Aged Care Standards met • WDP accreditation maintained • Review of mental health standards, rainbow tick accreditation, RACGP to determine if these are achievable accreditations or if parts can be achieved. Plan create to achieve identified goals
	Financial Review monthly program statements against budgets to ensure all funding is expended in an appropriate and responsible manner	• Annual external financial audit shows that all funded monies is accounted for accurately according to statutory requirements, standards, concepts and policies • Board receive quarterly financials and are confident in interpreting them • Program areas receive monthly financials and are confident in interpreting them • All income and expenditure entered in accounting software • Task segregation to ensure clear audit trail • Knowledge management fostered across whole of finance team
	PDCA approach to planning and evaluation	• All staff engage in PDCA planning and Review cycles • Kirrae PDCA tools utilised
	Annual team planning and review	• Review forms/processes • Annual planning and review
	Risk Management	• Risk Registers – Operational and Board maintained and reviewed • Register review reporting to Board • Risk trend reports

Meetings of committee members

The number of meetings of KHS's committee held during the year ended 30 June 2026, and the number of meetings attended by each committee members were:

	Committee meetings	
	Eligibletoattend	Numberattended
Danny Chatfield	4	4
Louise Wackett	2	1
Dominque De Bono	1	1
Karren Harradine	4	2
Ronald Chatfield	4	4
Robert Campbell	2	2
Jessica Chatfield	2	1

After balance date events

No matter or circumstancehas arisen since 30 June 2026 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, or the incorporated association's state of affairs in future financial years.

Auditor's independence declaration

Acopy of the auditor's independencedeclaration as required section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012 is set outimmediately after this committees' report.

Signed on behalf of the committee

Committee Member: .....

Name: Danny Chatfield

Date this 26th day of October 2026

Committee Member: .....

Name: Jessica Chatfield

AUDITOR'S INDEPENDENCE DECLARATION

RSM Australia Partners
12 Anderson Street West, Ballarat VIC 3350
PO Box 685 Ballarat VIC 3353
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www.rsm.com.au

As lead auditor for the audit of the financial report of Kirrae Health Service Inc. for the year ended 30 June 2026, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

(i) the auditor independence requirements of the *Associations Incorporation Reform Act 2012* and the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and

(ii) any applicable code of professional conduct in relation to the audit.

RSM

RSM AUSTRALIA PARTNERS

John Findlay

JOHNFINDLAY
Partner

Ballarat, Victoria
Dated this 27th day of October 2026

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KIRRAE HEALTH SERVICE INC.
ABN 98 641 022 731
Statement of Profit or Loss and Other Comprehensive Income
For the year ended 30 June 2026

	Note	2026	2025
		$	$
Revenue and other income	2.1	3,888,594	4,087,949
Employee expenses	3.1	(2,390,963)	(2,013,511)
Operating expenses	3.2	(1,345,814)	(1,260,589)
Depreciation	4.3	(229,691)	(132,047)
Finance costs		(12,973)	(14,688)
(Loss)/gain on disposalofproperty,plant and equipment		(6,441)	1,446
(Deficit)/surplus before income tax		**(97,288)**	**668,560**
Incometax expense		**-**	**-**
(Deficit)/surplus after income tax		**(97,28 8)**	**668,560**
Other comprehensive income for the year, net of tax		-	-
Total comprehensive (deficit)/income for the year		**(97,28 8)**	**668,560**

KIRRAE HEALTH SERVICE INC.
ABN 98 641 022 731
Statement of Financial Position
As at 30 June 2026

	Note	2026 $	2025 $
ASSETS			
Current Assets			
Cash and cash equivalents	6.1	704, 931	1,442,027
Trade and other receivables	5.1	21,606	142, 579
Financial assets	4.4	1,50 1,53 5	1,501,535
Total Current Assets		**2,22 8,07 2**	**3,086,141**
Non-Current Assets			
Property,plantand equipment	4.1	1,782,644	1,375,630
Right-of-useassets	4.2	184,969	291,401
Total Non-Current Assets		**1,967,613**	**1,667,031**
TOTAL ASSETS		**4,195,685**	**4,753,172**
LIABILITIES			
Current Liabilities			
Trade and other payables	5.2	231, 832	191, 187
Employee benefits provision	3.3	302, 102	281, 965
Lease liabilities	6.2	94,028	103, 338
Contract liabilities	5.3	108, 866	533, 026
Total Current Liabilities		**736,828**	**1,109,516**
Non-Current Liabilities			
Employeebenefitsprovision	3.3	39,6 57	32,858
Lease liabilities	6.2	94,802	189, 112
Total Non-Current Liabilities		**134,459**	**221,970**
TOTAL LIABILITIES		**871,287**	**1,331,486**
NET ASSETS		**3,324,398**	**3,421,686**
EQUITY			
Accumulated surplus	8.1	3,32 4,39 8	3,421,686
TOTAL EQUITY		**3,32 4,39 8**	**3,421,686**

The accompanying notes form part of these financial statements

KIRRAE HEALTH SERVICE INC.
ABN 98 641 022 731
Statement of Changes in Equity
For the year ended 30 June 2026

	Accumulated surplus $	Total $
2026		
Balance at 1 July 2025	3,421,686	3,421,686
(Deficit) for theyear	(97,288)	(97,28 8)
Balance at 30 June 2026	**3,324,398**	**3,324,398**
2025		
Balance at 1 July2024	2,753,126	2,753,126
Surplus for theyear	668, 560	668, 560
Balance at 30 June 2025	**3,421,686**	**3,421,686**

The accompanying notes form part of these financial statements

KIRRAE HEALTH SERVICE INC.
ABN 98 641 022 731
Statement of Cash Flows
For the year ended 30 June 2026

	Note	2026 $	2025 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers includinggrants(inclusive of GST)		3,888,349	4,211,048
Payments to suppliers and employees (inclusive of GST)		(4,004,020)	(3,543,429)
Interest received		31,882 (	92,631
Interest paid		12,97 3)	(14,68 8)
Net cash (used in)/provided by operating activities		**(96,762)**	**745,562**
CASH FLOWS FROM INVESTING ACTIVITIES			
Investment in term deposits		-	498, 465
Payments for property, plant and equipment		(540,4 63)	(943,4 85)
Proceeds from sale of property, plantandequipment		3,250	2,000
Net cash used in investing activities		**(537,213)**	**(443,020)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(103,1 21)	(76,89 7)
Net cash used in financing activities		**(103,121)**	**(76,897)**
Net (decrease)/increase in cash and cash equivalents held		(737,0 96)	225, 645
Cashandcashequivalents atbeginningof financialyear		1,442,027	1,216,382
Cash and cash equivalents at end of financial year	6.1	**704,931**	**1,442,027**

The accompanying notes form part of these financial statements

Note 1 Summary of Material Accounting Policies

The financial statements cover Kirrae Health Service Inc. (“KHS”) as an individual entity. KHS is an association incorporated in Victoria and operating pursuant to the Associations Incorporation Reform Act 2012 (Vic). KHS is also a registered charity under the Australian Charities and Not-for-profits Commission Act 2012.

The financial report was authorised for issue on 26 October 2026 by the Committee.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

New or amended Accounting Standards and Interpretations adopted

The incorporated association has adopted all of the new or amended Accounting Standards and Interpretations issued by the AustralianAccounting Standards Board ('AASB') that are mandatory for the current reporting period. Any new or amendedAccounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Basis of preparation

These general purposefinancial statements have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB), the Associations Incorporation Reform Act 2012 (Vic), the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and associated regulations. KHS is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

The amounts presented in the financial statements have been rounded to the nearest dollar and the functional and presentation currency of KHS is Australian dollars.

The financial statements have also been prepared on a going concern basis.

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 is the relevant notes.

a) **Association details**

The registered office and principal place of business of KHS is:

1 Kirrae Avenue
Purnim VIC 3278

b) **Goods and services tax (GST)**

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

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

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

ommitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the ATO.

Note 1 Summary of Material Accounting Policies (cont.)

c) **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 classified as current when: it is either expected to be realised or intended to be sold or consumed in the incorporated association's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 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 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the incorporated association's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

d) **Income tax**

No provision for income tax has been raised as KHS is exempt from income tax pursuant to Division 50, section 50-10 of the Income Tax Assessment Act 1997.

e) **Economic dependence**

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

Note 2 Funding Delivery of Our Services

KHS overall objective is the delivery of health treatment and support services, health promotion and prevention programs to members of the Framlingham and surrounding communities in accordance with identified community needs and the formal objectives of KHS. To enable KHS to fulfil its objectives it receives income primarily from Commonwealth and State government funding. KHS also receives income from the supply of services as outlined in the statement of profit or loss and other comprehensive income.

2.1: Revenue and other income

	2026 $	2025 $
Note 2.1: Revenue and other income		
Grant income		
Department of Health and Ageing	426, 914	928, 211
Department of Health	1,97 2,15 1	1,969,372
VACCHO	-	58,082
Western Victoria Primary Health Network	41,165	87,945
NACCHO	710, 375	477, 680
Other grants	377, 060	288, 427
Total grant income	**3,527,665**	**3,809,717**
Non-operatingincome		
Other income	71,375	63,559
Interestreceived	31,882	92,631
Total non-operating	**103, 257**	**156, 190**
income Total income	**3,63 0,92 2**	**3,965,907**
Revenuefromcontracts with customers		
Medicare benefits	87,313	112,124
Grant revenue	170,359	9,918
Total revenue from contracts with customers	**257, 672**	**122, 042**
Total revenue and other income	**3,888,594**	**4,087,949**
Disaggregation of revenue		
Majorservices		
Medical services	203,590	112,124
Community services	6,000	8,000
Employment support	48,082	1,918
Total	**257, 672**	**122, 042**
Timing of revenue recognition		
Services recognised over time	105,609	1,918
Services recognised ata point intime	152,063	120,124
Total	**257, 672**	**122, 042**

Revenue and income recognition

Allrevenue and income is stated net of the amounts of goods and servicestax (GST)

Note 2 Funding Delivery of Our Services (Cont.)

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the incorporated association is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the incorporated association:

1. identifies the contract with a customer;
2. identifies the performance obligations in the contract;
3. determines the transaction price which takes into account estimates of variable consideration and the time value of money;
4. allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and
5. recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Grants

Grant revenue is recognised in profit or loss when KHS satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before KHS is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

If a grant does not have any sufficiently specific performance obligations attached, the grant is recognised upon receipt.

Medicare benefits
Revenue from Medicare benefits is recognised at a point in time when the healthcare service has been rendered to the patient and a valid claim is submitted under the Medicare Benefits Schedule. The revenue is measured at the scheduled fee set by the Australian Government and reflects the amount expected to be received.

Interest
Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue
Other revenue is recognised when it is received or when the right to receive payment is established.

Critical accounting estimates and judgments: Revenue recognition
Recognition of grant funding requires significant judgment in determining which accounting standard revenue is to be recognised under between AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not- for-Profit Entities.

This involves evaluating whether agreements are enforceable and contain sufficiently specific performance obligations and if the consideration is linked to the satisfaction of those obligations. Where these criteria are met, revenue is recognised as the entity satisfies its performance obligations, either over time or at a point in time, depending on the nature of the deliverables.

Note 2 Funding Delivery of Our Services (Cont.)

Key areas of estimation include:

- determining the number and nature of performance obligations within a grant agreement;
- estimating the transaction price, including variable consideration such as performance-based payments;
- allocating the transaction price to each performance obligation; and
- assessing the progress toward satisfaction of obligations, particularly for services delivered over time.

These estimates are inherently uncertain and may be revised as additional information becomes available or as performance conditions evolve. Changes in these estimates could have an impact on the timing and amount of revenue recognised.

Note 3 The Cost of Delivering Services

This section provides an account of the expenses incurred by KHS in providing key services. In Note 2, the funds that enable the provision of services/products were disclosed and in this note the cost associated with provision of services are recorded.

3.1: Breakdown of employee benefits expenses
3.2: Breakdown of operating expenditure
3.3: Employee benefits in the statement of financial position

	2026 $	2025 $
Note 3.1: Breakdown of employee benefits expenses		
Wag es	2,069,068	1,721,374
Superannuation	240,884	194, 109
Workcover	54,076	51,168
Movement in employeeentitlementsprovisions	26,935	46,860
Total employee benefits expenses	**2,390,963**	**2,013,511**

Employee benefits recognition

Employee expenses include all costs related to employment including wages and salaries, leaveentitlements and other oncosts.

Contributions are made by the company to an employee superannuation fund and are charged asexpenses when incurred.

Note 3.2: Breakdown of operating expenditure		
Programrunning expenses	959,176	874, 748
Administration expenses	378,352	376, 750
Occupancy expenses	8,286	9,091
Total operating expenditure	**1,345,814**	**1,260,589**

Operating expenses recognition

Other operating expenses generally represent the day-to-day running costsincurred in normaloperations.

Note 3.3: Employee benefits in the statement of financial position		
Current		
Provision for annual leave	146, 384	143, 138
Provision for longserviceleave	155, 718	138, 827
Total current provisions	**302, 102**	**281,965**
Non-current		
Provision for long service leave	**39,657**	**32,858**

Employee benefits recognition

Provision is made for the incorporated association's liability for employee benefits arising fromservices renderedby employees to the end of the reporting period. Employee benefits that are expected to be settledwithin one yearhave been measured at the amounts expected to be paid when the liability is settled. Employee benefitspayable laterthan one year have been measured at the present value of the estimated future cash outflows tobemade forthose benefits. In determining the liability, consideration is given to employee wage increases and theprobability thatthe employee may not satisfy vesting requirements. Those cash outflows are discounted using marketyields on national government bonds with terms to maturity that match the expected timing of cash flows.

Note 3 The Cost of Delivering Services (cont.)

Note 3.3: Employee benefits in the statement of financial position (cont.)

Critical accounting estimates and judgments: Employee benefits

As discussed above, 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.

Note 4 Key Assets to Support Service Delivery

KHS controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources to be utilised for delivery of those outputs.

4.1: Property, plant and equipment
4.2: Right-of-use assets
4.3: Depreciation
4.4: Financial assets

	2026 $	2025 $
Note 4.1: Property, plant and equipment		
i) Gross carrying amount and accumulated depreciation		
Non-current		
Building improvements at cost	1,601,901	1,18 8,68 0
Lessaccumulateddepreciation	(98,77 0)	(76,02 0)
Total building improvements	**1,503,131**	**1,112,660**
Plant and equipment at cost	653, 100	599, 517
Less accumulateddepreciation	(373,5 87)	(336,5 47)
Total plant and equipment	**279, 513**	**262,970**
Work in progress – building improvements	-	-
Total property, plant and equipment	**1,782,644**	**1,375,630**

ii) Reconciliations of the carrying amounts of each class of asset

	Building improvement $	Plant and equipment $	Work in progress – building improvements $	Total $
Year ended 30 June 2026				
Balanceat the beginningofthe year	1,112,660	262,970	-	1,375,630
Additions	43,661	126,304	370, 498	540, 463
Disposals (net)	-	(9,691)	-	(9,691)
Transfers	370, 498	-	(370,4 98)	-
Depreciationexpense	(23,68 8)	(100,070)	-	123, 758
Balance at the end ofthe year	**1,503,131**	**279, 513**	-	**1,782,644**

Property, plant and equipment recognition

Property, plant and equipment, including freehold landand buildings, are carried at cost lessany accumulated depreciation and impairment losses unless otherwise stated.

The carrying values of plant and equipment are reviewedannually by the committee to ensureitisnot in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basisofthe expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in the statement of comprehensive income or as a revaluation decrease if the impairment losses relate to a revalued asset.

Note 4 Key Assets to Support Service Delivery (cont.)

Note 4.1: Property, plant and equipment (cont.)

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to KHS and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the statement of comprehensive income during the financial period in which they are incurred.

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.

	2026 $	2025 $
Note 4.2:Right-of-use assets		
Non-current		
Building	128, 651	128, 651
Less accumulateddepreciation	(55,17 9)	(47,01 6)
Total right-of-use assets – building	**73,472**	**81,635**
Equipment	13,995	13,995
Less accumulateddepreciation	(3,732)	(933)
Total right-of-use assets – equipment	**10,263**	**13,062**
Motor vehicle	270, 155	270, 654
Less accumulateddepreciation	(168,9 21)	(73,95 0)
Total right-of-use assets – motor vehicle	**101,234**	**196,704**
Total right-of-use assets	**184,969**	**291,401**

Reconciliations of the carrying amounts of each class of asset

	Building $	Equipment $	Motor Vehicles $	Total $
Year ended 30 June 2026				
Balanceatthebeginningofyear	81,635	13,062	196, 704	291, 401
Remeasurements	-	-	(499)	(499)
Depreciation	(8,163)	(2,799)	(94,97 1)	(105,9 33)
Balance at the end of the year	**73,472**	**10,263**	**101, 234**	**184, 969**

Right-of-use asset recognition

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

KHS leases property under an agreement of a term of 16 years. On renewal, the terms of the leases are renegotiated.

Note 4 Key Assets to Support Service Delivery (cont.)

Note 4.2: Right-of-use assets(cont.)

KHS leases photocopier underan agreement of a term of 60 months.

KHS leases motor vehicles under an agreement of a term of 36 months.

KHS has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit orloss as incurred.

	2026 $	2025 $
Note 4.3: Depreciation		
Building and improvements	23,6 88	10,879
Plant and equipment Right-of-use assets	100, 070 105, 933	38,122 83,046
Total depreciation	**229,691**	**132,047**

Depreciation recognition

Depreciation is calculated on either a straight line or diminishing value basisover the useful lifetoKHS, commencing from the time the asset is held ready for use. The depreciation method anduseful life of assetsisreviewed regularly to ensure they are still appropriate.

Right-of-use assets are depreciated over the lease term on a straight-linebasis.

The depreciation rates used for each class of depreciable assets are:

Fixedassetclass	Depreciation rate	Method
Plant and equipment	30.00% – 37.50%	Diminishing value
Building improvement	2.50% – 30.00%	Straight line
Right-of-use assets	6.25% – 33.34%	Straight line

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount. Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income.

Note 4.4: Financial assets		
Termdepositswithmaturitygreater than 3 months	1,501,535	1,501,535
Total financial assets	**1,501,535**	**1,501,535**

Refer note 7.1 for recognition policy.

Note 5 Other Assets and Liabilities

This section sets out those assets and liabilities that arose from KHS's operations.

5.1 : Trade and other receivables
5.2: Trade and other payables
5.3: Contract liabilities

	2026 $	2025 $
Note 5.1: Trade and other receivables		
Current		
Account receivable	20,476	141, 800
Otherreceivables	1,130	779
Total trade and other receivables	**21,606**	**142,579**

Receivables recognition

Receivables are recognised at their transaction price, less any provision forimpairment. Trade receivables are based on normal credit terms and do not bear interest.

Trade receivables are initially recognised at fair value and subsequentlymeasured at amortisedcost using the effective interest method, less any allowance for expected credit losses.Trade receivables aregenerally due for settlement within 30 days.

Other receivables are recognised at amortised cost, less any allowance forexpected credit losses.

Note 5.2: Trade and other payables		
Current		
Account payable	62,9 55	125, 038
GST payable	66,906	261
Payroll liabilities	53,6 70	44,824
Accrued expenses	48,301	20,230
Coles card	-	834
Total trade and other payables	**231, 832**	**191, 187**

Payables recognition

Trade payables are recognised at their transaction price. Trade payables are obligations on the basis of normal credit terms and do not bear interest.

Trade and other payables represent the liabilities for goods and services received by the company that remain unpaid at the end of the reporting period. Due to their short-term nature, they are measured at amortised cost and are not discounted. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

Note 5.3: Contract liabilities		
Current		
Income in advance	108, 866	533, 026
Total contract liabilities	**108, 866**	**533, 026**

Contract liabilities recognition

Contract liabilities represent capital funding received by KHS. KHS recognises a contract liability upon receipt of the grant under AASB1058. Income is recognised overtime as KHS constructs the asset.

Note 6 How We Finance Our Operations

This section provides information on the sources of finance utilised by KHS during its operations, along with other information related to financing activities of KHS.

This section includes disclosures of balances that are financial instruments.

6.1: Cash and cash equivalents
6.2: Lease liabilities
6.3: Commitments for expenditure

Note 6.1: Cash and cash equivalents	2026 $	2025 $
Current		
Cash at bank	704, 931	1,442,027
Total cash and cash equivalents	**704, 931**	**1,442,027**

Cash and cash equivalents recognition

Cash and cash equivalents includes cash at bank.

Note 6.2: Lease liabilities		
Current		
Leaseliabilities	94,028	103, 338
Non-current		
Lease liabilities	94,802	189, 112
Total lease liabilities	**188,830**	**292,450**
Maturity analysis of lease liabilities based on contractual undiscounted cashflows		
Not later than one year	100, 507	116, 336
Greater than 1 year but less than 5 years	66,656	158, 365
Greater than 5 years	36,364	45,455
Total undiscounted lease liabilities	**203,527**	**320,156**

Lease liabilities recognition

A lease liability is recognised at the commencement date of a lease. Theleaseliabilityis initiallyrecognised at the present value of the lease payments to be made over the term of the lease,discountedusing the interest rate implicit in the lease or, if that rate cannot be readily determined, the incorporatedassociation'sincremental borrowing rate. Lease payments comprise of fixed payments less any lease incentivesreceivable,variable lease payments that depend on an index or a rate, amounts expected to be paid under residualvalueguarantees, exercise price of a purchase option when the exercise of the option is reasonably certaintooccur,andany anticipated termination penalties. The variable lease payments that do not depend on an indexorarateareexpensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effectiveinterestmethod.The carrying amounts are remeasured if there is a change in the following: future lease paymentsarisingfromachange in an index or a rate used; residual guarantee; lease term; certainty of a purchase option andterminationpenalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of useasset,ortoprofit or loss if the carrying amount of the right-of-use asset is fully written down.

Note 6 How We Finance Our Operations (cont.)

Note 6.2: Lease liabilities (cont.)

Critical accounting estimates and judgments: incremental borrowing rate

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the leaseliability at the lease commencement date. Such a rate is based on what the incorporated association estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

Note 6.3: Commitments for expenditure

KHS had no material other commitments for expenditure as at 30 June 2026 and 30 June 2025.

Note 7 Risks, Contingencies and Valuation Uncertainties

KHS is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, as well as those items that are contingent in nature or require a higher level of judgement to be applied.

7.1: Financial instruments
7.2: Contingent assets and contingent liabilities

Note 7.1: Financial instruments

Financial instruments arise out of agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. The incorporated association applies AASB 9 and classifies all of its financial assets based on the business model for managing the assets and the asset's contractual terms.

Financial assets at amortised cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the group to collect the contractual cash flows; and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The incorporated association recognises the following assets in this category:

- cash and cash equivalents;
- term deposits; and
- trade and other receivables.

Financial liabilities at amortised cost

Financial liabilities at amortised cost are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest-bearing liability, using the effective interest rate method.

The incorporated association recognises the following liabilities in this category:

- trade and other payables; and
- lease liabilities.

Derecognition of financial assets and financial liabilities

Financial assets

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- the rights to receive cash flows from the asset have expired; or
- the incorporated association retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement; or
- the incorporated association has transferred its rights to receive cash flows from the asset and either:
  - has transferred substantially all the risks and rewards of the asset; or
  - has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

Note 7 Risks, Contingencies and Valuation Uncertainties (cont.)

Note 7.1: Financial instruments (cont.)

Where the incorporated association has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the incorporated association's continuing involvement in the asset.

Financial liabilities

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

Liquidity risk

Vigilant liquidity risk management requires the incorporated association to maintain sufficient liquid assets (mainly cash and cash equivalents) to be able to pay debts as and when they become due and payable. The incorporated association manages liquidity risk by maintaining adequate cash reserves by continuously monitoring actual and forecast cash flows and matching the maturity profiles of financial assets and liabilities.

Note 7.2: Contingent assets and contingent liabilities

There are no known contingent assets or contingent liabilities for the incorporated association as at 30 June 2026 (2025: NIL).

Note 8 Other Disclosures

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

8.1: Equity
8.2: Related parties
8.3: Key management personnel disclosures
8.4: Remuneration of auditors
8.5: Events occurring after reporting date

	2026 $	2025 $
Note 8.1: Equity		
Accumulatedsurplus		
Retained surplus at the beginning of the financial year	3,421,686	2,75 3,12 6
(Deficit)/surplus after incometax expenseforthe year	(97,288)	668, 560
Retained surplus at the end of the financial year	3,324,398	3,42 1,68 6

Note 8.2: Related parties

Key management personnel

Disclosures relating to key management personnel are set out in note 8.3.

Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Note 8.3: Key management personnel disclosures

Compensation

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

Aggregate compensation	**162,622**	**144,461**

Note 8.4: Remuneration of auditors

During the financial year the following fees were paid or payable for servicesprovided by RSM Australia, the auditor of KHS:

Audit of the financial statements	26,620	24,200
Other non-assurance services	3,630	3,300
Total remuneration of auditors	**30,250**	**27,500**

Note 8.5: Events occurring after reporting date

No matter or circumstance has arisen since 30 June 2026 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, or the incorporated association's state of affairs in future financial years.

KIRRAE HEALTH SERVICE INC.
ABN 98 641 022 731
Statement by Members of the Committee
For the year ended 30 June 2026

In the opinion of the committee:

- the attached financial statements and notes comply with Australian Accounting Standards – Simplified Disclosures, the Associations Incorporation Reform Act 2012 and the Australian Charities and Not-for-profits Commission Act 2012 and associated regulations;
- the attached financial statements and notes give a true and fair view of the incorporated association's financial position as at 30 June 2026 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the incorporated association 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 committee and is signed on and behalf of the committee by:

Committee Member: .....

Name: Danny Chatfield

Committee Member: .....

Name: Jessica Chatfield

Dated this 26th day of October 2026

INDEPENDENT AUDITOR'S REPORT
To the Members of Kirrae Health Service Inc.

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Opinion

We haveaudited the financial report of Kirrae Health Service Inc., which comprises the statement of financial position

as at 30June 2026, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including materialaccounting policy information, and the directors' declaration.

In our opinion, the financial report of Kirrae Health Service Inc. has been prepared in accordance with the *Associations Incorporation Reform Act 2012 (Vic)* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act), including:

(a) giving a true and fair view of the registered entity's financial position as at 30 June 2026 and of its financialperformance and cash flows for the year ended on that date; and

(b) complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the Australian

Charities and Not-for-profits Commission Regulation 2022.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of Kirrae Health Service Inc. 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 thattheaudit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Those charged with governance are responsible for the other information. The other information comprises the

information included in Kirrae Health Service Inc.'s annual report for the year ended 30 June 2026, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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Responsibilities of Management and Those Charged with Governance for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report thatgives a true and fair view in accordance with Australian Accounting Standards – *Simplified Disclosures*, the *AssociationsIncorporation Reform Act 2012 (Vic)* and the ACNC Act, and for such internal control as the directors determineisnecessary to enable the preparation of the financial report that gives a true and fair view and is free from materialmisstatement, whether due to fraud or error.

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

The directors are responsible for overseeing the registered entity'sfinancial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whetherthefinancial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor'sreport that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guaranteethatan 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 intheaggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis ofthisfinancial report.

A further description of our responsibilities for the audit of the financialreport is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/Home.aspx.Thisdescription forms part of our auditor's report.

Independence

We confirm that the independence declaration required by the ACNC Act, which has been given to the responsible entities of Kirrae Health Service Inc., would be in the same terms if given to the responsible entities as at the time of this auditor's report.

RSM

RSM AUSTRALIA PARTNERS

JOHN FINDLAY
Partner

Ballarat, Victoria
Dated this 27th day of October 2026

Notes:

Notes:



KIRRAE HEALTH SERVICE INC



Opening of new wing NAIDOC Day July 2025



