

WRAD HEALTH ANNUAL REPORT 2023-2024



WRAD HEALTH

www.wrad.org.au

CONTENTS

- 02 Support
- 03 Introduction
- 04 Committee of Management
- 04 WRAD Health Committee of Management, Staff and Patrons
- 05 Chair's Report
- 06 CEO's Report
- 08 Operations Manager's Report
- 10 Finance Manager's Report
- 10 Medical Report
- 11 Highlights 2023/2024
- 14 WRAD Health Operational Plan
- 17 Artwork by Timboon P-12 School
- 18 WRAD Statistics
- 24 Financials and Treasurer's Report





ACKNOWLEDGMENT


We acknowledge the traditional custodians of the land on which we meet, the Peek Whurrong People of the Maar Nation. We pay our respects to the world's oldest continuing culture, and to Elders past, present and emerging.



WRAD HEALTH ANNUAL REPORT 2023/24

 172 Merri Street,
Warrnambool, Vic 3280

 55 645777

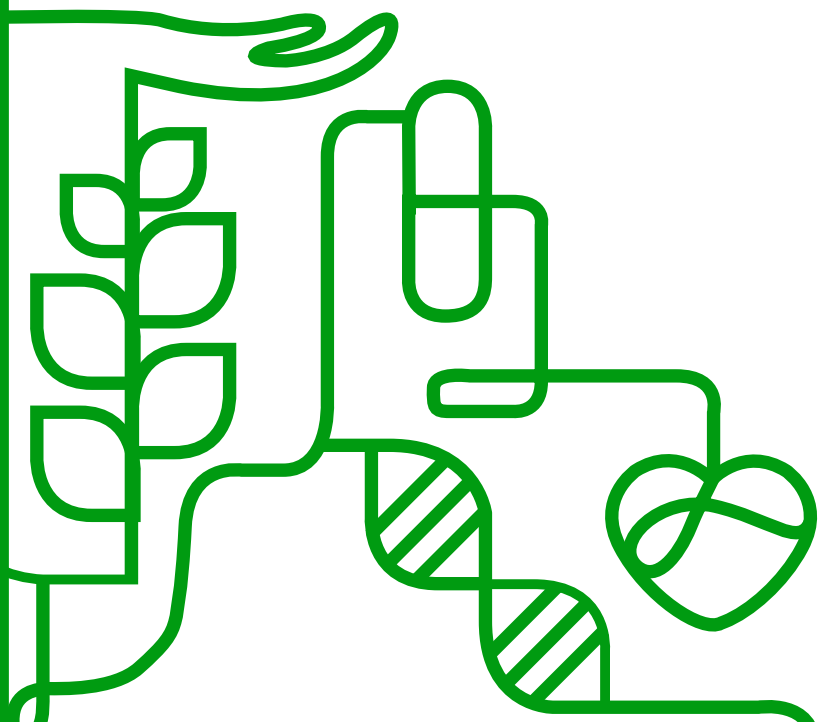
 wrad.org.au

WRAD Health is funded by the Victorian Government Department of Health and the Western Victoria Primary Health Network. Other sources of funding include fee-for-services through Medical Services, and various fund-raising activities.

SUPPORT

WRAD acknowledges the significant support from the local community, the Department of Health Victoria, the Western Victoria Primary Health Network and many individuals who have contributed generously to WRAD Health and the Lookout Residential Rehabilitation Centre appeal.

 thelookoutrehab.com.au



INTRODUCTION

WRAD Health, formerly known as the Western Region Alcohol and Drug Centre Inc (WRAD), is funded by the Victorian Government Department of Health and the Western Victoria Primary Health Network. WRAD Health also undertakes various local fund-raising activities and appreciates the support of donors and philanthropic trusts.

WRAD Health began as a community steering group 40 years ago, determined to provide better services for people with alcohol and other drug (AOD) problems in south-west Victoria. Since the centre opened 38 years ago, WRAD Health has broadened its base to provide diverse services to meet the multiple needs of people with AOD problems and has expanded to include the Handbury Medical Suites offering a full range of general bulk billing medical services that are available to everyone.

WRAD Health is a not-for-profit organisation that operates within a community-based management model. An elected Committee of Management is responsible for providing services in accordance with relevant legislation, service guidelines and funding agreements.

The philosophy of harm minimisation underpins the delivery of all programs offered by WRAD Health. People and their problems are viewed holistically, and WRAD Health staff work collaboratively with other health-related professionals and organisations to best meet the needs of clients and their families.



COMMITTED

to providing specialist services to individuals and families across south-west Victoria.



ATTENDING

to the diverse needs and problems created by alcohol and drug use.



WRAD HEALTH
PERSON-CENTRED CARE

The front cover shows staff members outside the new look WRAD Health building in Merri Street, Warrnambool.

WRAD HEALTH COMMITTEE OF MANAGEMENT, STAFF AND PATRONS

WRAD HEALTH COMMITTEE OF MANAGEMENT

| | |
|-------------------------|-----------------------------------------------------------------|
| Helen Taylor | Chairperson, Assistant-Principal Brauer College (retired) |
| Robert Coffey | Deputy Chair and Secretary, Abalone Diver (retired) |
| Scott Dickie | Treasurer, Partner Sinclair Wilson Chartered Accountants |
| Glenys Phillpot | Warrnambool City Councillor (retired) |
| Luke Taylor | Principal, Taits Legal |
| Carolyn Monaghan | Pharmacist (retired) |
| Tracey Kol | Sales Manager, Ace Radio |
| Shane Keogh | Senior Sergeant, Victoria Police, Warrnambool (retired) |
| Dean Greenwood | Sergeant, Victoria Police, Warrnambool |
| Amanda Gaudion | Observership Program 2023 |

WRAD HEALTH PATRONS

| | |
|-------------------------|--------------------------------------------|
| Paul Jennings AM | Author |
| Archie Roach AM | Singer/Songwriter |
| Ruby Hunter | Singer/Songwriter/ Art Performer/Author |

WRAD HEALTH STAFF WHO LEFT 2023-24

| | |
|-------------------------|------------------------------------------------------------|
| Brock Bowman | Trainee AOD Clinician |
| Tracey Logan | Receptionist |
| Debbie Maguire | Financial Officer |
| Leanne Nicholson | Sliding Doors Non-Residential Day Program Co-ordinator. |
| Veronica Paton | Program Group Facilitator & Clinical Support Worker |
| Anna Pike | AOD Clinician |

WRAD HEALTH STAFF

| | |
|----------------------------------|--------------------------------------------------------------------------|
| Mark Powell | CEO |
| Chris Kendall | Operations Manager/Clinical Manager |
| Alistair Ross | Finance Manager/ Medical Practice Manager |
| Stephanie Baxter | AOD Clinician |
| Rick Bayne | Media Consultant (Casual) |
| Riana Beardsell | AOD Clinician |
| Mark Cahill | AOD Clinician |
| Christopher Campbell | Trainee AOD Clinician |
| Dr Yang Chen | Medical Practitioner |
| Ebony Curran | Practice Nurse |
| Wendy Dawson | AOD Clinician |
| Hayley Elliott | AOD Clinician |
| Mark Gavin | Sliding Doors Facilitator |
| Dr Matt (Mahdi) Hajhashem | Medical Practitioner |
| Dr Yunfei Han | Medical Practitioner |
| Sandra Heath | Accountant |
| Rob Kenna | Practice Nurse |
| Dr Hazel Loy | Medical Practitioner |
| Carol Main | Medical Administration |
| Dr Clare Mooney | Medical Practitioner |
| Cindy Ormiston | Lead facilitator of the Sliding Doors Group and Peer Support Worker |
| Dr Bibha Pradhan | Medical Practitioner |
| Dr Dev Ramu | Medical Practitioner |
| Dr Sue Richardson | Medical Practitioner |
| Emilia Roberts | |
| Janette Scott | AOD Clinician |
| Sarah Sergeant | Dietitian/QA Assistant/Receptionist |
| Margaret Skene | Project Worker |
| Rebecca Smith | Dual Diagnosis Clinician |
| Sue van Rooy | Receptionist/Medical Administration |
| Tracey van Rooy | Receptionist |
| Julie Wallis | AOD Clinician and AOD Outreach Worker |
| Kayleigh Walmsley-Sims | Brief Intervention Worker & AOD Family Violence Specialist Advisor |
| Dr Sharni Wilkes | Medical Practitioner |
| Joel Willoughby | AOD Clinician |

CHAIR'S REPORT

WRAD Health has again had a very busy 12 months with confirmation of a new CEO and the continued evolution of our programs.

We successfully gained the services of a new CEO, Mark Powell, brought Chris Kendall on as Operations Manager and further developed our Financial Management/Medical Practice management team under the leadership of Alistair Ross.

Meanwhile, WRAD Health continued to evolve programs, further develop family support services, after hours medical services and the Sliding Doors program was expanded to support and enrich the way forward for day withdrawal and skill upgrading. WRAD Health continues to provide drug and alcohol services, psychological services, mental health treatment support, bulk billing medical practice and a dietitian.

While these programs have been fine-tuned, the CEO, executive and Committee of Management (CoM) have been busy striving to find a way forward for the Lookout Residential Rehabilitation Centre.

Almost eight years since we started this project, and after considerable research and investigation, the centre is still on the drawing board. We remain absolutely committed to this important service for our region and have not lost our enthusiasm for the plan. I note that the Great South Coast is the only region in Victoria without a public residential rehabilitation centre or one about to be built. We continue to engage with government and politicians but still have no clear idea when Warrnambool and the region will be equipped with this much-needed service. However, we know the need is very real and we see the impact daily on the lives of individuals and loved

ones when access to the full range of treatment options is denied.

WRAD Health has also been very busy considering ways to develop an integrated health hub. This vision would be separate to the drug and alcohol treatment and would be a multifaceted centre available to the whole community.

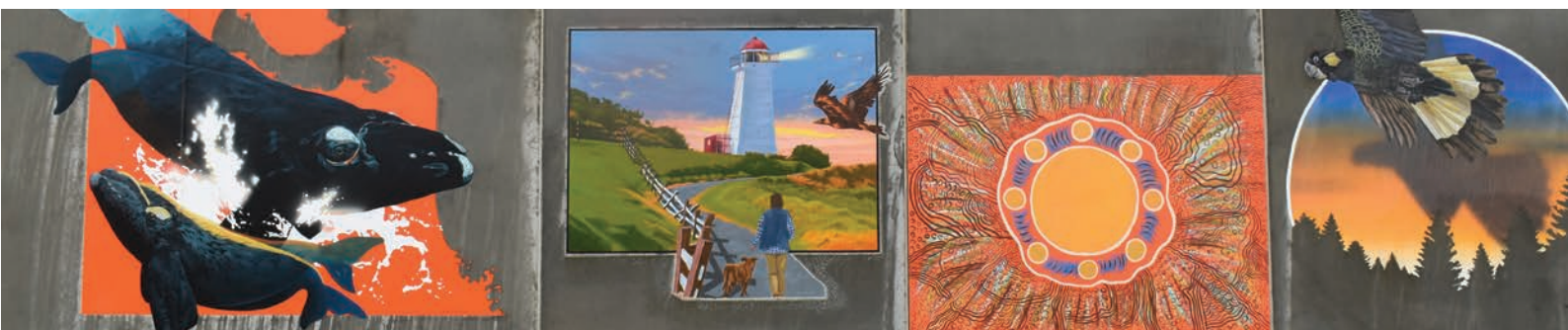
Important tasks achieved during the year included AGPAL accreditation, QIP accreditation, and ongoing Risk and Good Governance through the Committee of Management.

Our CoM welcomed a new member, Dean Greenwood from Victoria Police and the committee continues to work together with commitment and passion. We have also embarked on the 12-month Board Observership program that aims to develop the next generation of board members and welcomed Amanda Gaudion during this period.

I take this opportunity to thank the CoM for their time and effort and I greatly appreciate their work, all done as volunteers. WRAD Health has great leadership and skilled and enthusiastic staff. Our team is greatly valued and appreciated.



HELEN TAYLOR
CHAIR, WRAD HEALTH



CEO'S REPORT

This Annual Report marks the end of yet another incredible year of delivering much needed services to our community. I am privileged to work with an amazingly dedicated staff, leadership team and Committee of Management. Delivering comprehensive health services freely to the community remains a clear passion for WRAD Health. We can only do the work we do with dedication and selflessness to ensure the community receives the care we provide.

WRAD STRATEGIC PRIORITIES

CLIENT SERVICES

With thanks to the Western Victoria Primary Health Network, we were able to deliver an after-hours medical practice two nights per week that was very well attended. However, it proved to be unsustainable for a bulk billing practice due to additional costs of overtime that Medicare doesn't provide for.

Our Operations Manager Chris Kendall continued to work on expanding the reach of our clinical services into the smaller townships and regions. We continued our partnership with MIND Australia to deliver a strengthened integrated program for people with substance use and concurrent mental ill health.

QUALITY AND RISK

We successfully achieved accreditation under the AGPAL system and our mid-term QIP accreditation process. The Committee of Management maintains good governance and oversight of risk. We were approved to commence the Innovate stage of our Reconciliation Action Plan.

“Delivering comprehensive health services freely to the community remains a clear passion for WRAD Health.”

WRAD Health staff members



WRAD HEALTH PUBLIC PROFILE

Rebranding was completed at the start of the financial year and feedback from the community has been very positive. We are starting to see a shift in the way people look at WRAD Health and understand that we are foremost a health service to the whole community and provide a range of specialist programs from a very busy general medical practice and including alcohol and other drug services, pharmacotherapy, dietitian, psychological services, mental health treatment and supports.

WRAD Health continues to remain a voice for the community on a range of issues around healthcare and more importantly advocating for the needs of marginalized communities

WRAD Health was delighted to partner with the Warrnambool library for the Sharing Stories project and couldn't be happier with the final product of an animation that we now use in our presentations.

Our social media presence continues to grow. WRAD Health now has more than 800 followers on Facebook, more than 400 connections on Linked In and nearly 200 followers on Instagram.

We continue to engage with the community through these mediums while also maintaining a high profile in the local media.

PARTNERSHIPS

The alliance with the Great South Coast consortium for AOD has remained strong. I am incredibly grateful to the members as together we have been able to deliver a comprehensive suite of services across the region in a collaborative way. The only missing piece is a residential rehabilitation centre for AOD.

WRAD Health continues to look at ways to improve and meet the health needs of the community. We are first and foremost a service to the community and therefore rely on community support and feedback. We acknowledge the challenges everyone faces and remain a valued support to both individuals and families.



MARK POWELL
CEO, WRAD HEALTH

FROM LEFT TO RIGHT: Image One: Pictured are local panel members WRAD Health CEO Mark Powell and Jess Moloney, emcee Matt Neal and Judy Ryan. **Image Two:** Kirrae Craddock Clarke, Mark Powell, Len Clarke, and Beau Couzens At the Late Aboriginal Elders Burial Site for Banjo Clarke



OPERATIONS MANAGER'S REPORT

The 2023-2024 year was a dynamic period for WRAD Health, marked by new staff, departures, program changes, and new initiatives. Notably, WRAD Health expanded its Alcohol & Other Drug (AOD) services to Hamilton in partnership with Portland District Health, addressing recruitment challenges faced by the region.

Staffing saw several transitions. We said goodbye to Veronica Paton and Lee Nicholson, facilitators of the Sliding Door Day Rehabilitation Program, as well as Anna Pike, who moved into a family reunification role. At the same time, we welcomed new staff members, including Stephanie Baxter, a former trainee who accepted a clinical role, further reinforcing our 'grow your own' philosophy, which focuses on cultivating talent through our Traineeship Program. Chris Campbell was recruited to replace Stephanie in the trainee position.

Cindy Ormiston transitioned to Lead Facilitator of the Sliding Doors program, maintaining her role as Peer Overdose Worker one day a week. Cindy's extensive life experience has made her an invaluable asset. Joining her was Mark Gavin, who brings a fresh perspective with his own life experiences. In Hamilton, Riana Beardsell took on the AOD position after working at Winda-Mara Aboriginal Corporation, ensuring continuity of services in the Southern Grampians Shire.

Our outreach services continue to thrive, with Julie Wallis covering Cobden and Timboon and Janette Scott serving Camperdown one day a week. These services have received robust community support and clients from Terang and Mortlake also access their services.

WRAD Health's clinical team handles multiple portfolios. Wendy Dawson contributes to weekly Withdrawal Unit meetings and runs the Kick Start Program, which encourages clients to address physical health and build positive connections. Joel Willoughby completed LGBTIQ+ Train the Trainer certification and has since provided staff training and social media content on LGBTIQ+ topics. Marc Cahill continues to offer specialist youth outreach services, collaborating closely

with schools and youth justice. We are also fortunate to have Kayleigh Walmsley-Sims, our Specialist Family Violence Advisor, who brings valuable expertise to our team and supports staff in addressing family violence issues.

In terms of leadership, I was appointed Operations Manager after serving in an acting capacity, with Hayley Elliott stepping into the Clinical Lead role for a six-month trial.

Our 'grow your own' approach extended to student placements, offering students from tertiary institutions such as South West TAFE and Deakin University the chance to gain practical experience within WRAD Health, potentially paving career pathways for future employees.

A significant development this year was the introduction of the Step Through Care program, led by MIND Australia and funded by the Western Victorian Primary Health Network. The program addresses dual diagnoses by offering mental health support alongside AOD services, improving outcomes for clients with complex needs. WRAD Health continues to provide dual diagnosis services through clinician Rebecca Smith, focusing on clients with complex needs. Additionally, WRAD Health benefits from monthly sessions by Addiction Specialist Psychiatrist Dr Harry Hill, who also supports multidisciplinary team meetings as well as our medical team.

We were fortunate to have two psychiatric registrars, Dr Kevin Hsieh and Dr Sophie Boyd, provide client treatment one day a week through a partnership with South West Healthcare.

This year, WRAD Health launched Project Connect, an outreach program aimed at providing medical and AOD support to individuals experiencing homelessness or at risk of homelessness. Led by practice



Substance Misuse Limestone Coast leaders met with WRAD Health as they investigate potential for replicating the WRAD Health model in the Limestone Coast region

nurse Ebony Curran and AOD clinician Hayley Elliott, the program offered medical triage, education on substance use, and access to further care. With 591 client sessions delivered, Project Connect received strong support from organisations like Anglicare, Brophy Family & Youth Services, and the Salvation Army. The success of this initiative highlights WRAD Health’s commitment to innovative, client-centered care.

Unfortunately, the Court Integrated Services Program (CISP), which offered forensic clients AOD support while awaiting court proceedings was discontinued.

In early 2023, WRAD Health re-purposed the Needle Syringe Program (NSP) room into a triage room to enhance privacy and offer NSP clients a pathway to AOD support. This change has been well received and is supported by the cooperation of our admin/reception team and the medical practice providing greater access to AOD clinical support.

Our Consumer Participation and Advisory Group continues to play a crucial role, providing valuable feedback on client systems and procedures, helping guide meaningful changes at WRAD Health.

The Clinical Team introduced two new initiatives: the “Lunch and Learn” program, which invites external organisations to present on services they offer, and “Reflective Practice,” a monthly session that encourages

in-depth case analysis to improve staff awareness and skills. Both initiatives have been successful in enhancing the knowledge and competency of our team.

In March 2024, WRAD Health organised a highly successful “Support the Family Support Workshop,” facilitated by Family Drug Support at Deakin University. This initiative, part of a new strategy to offer low-cost training opportunities, allowed 98% of AOD staff from neighbouring organisations to attend. WRAD Health plans to continue this high-impact, cost-effective approach to professional development.

Finally, I would like to congratulate Hayley Elliott on receiving the inaugural Dawn Bermingham Employee of the Year Award, recognising her outstanding embodiment of WRAD Health’s core values: Compassion, Respect, Accountability, Collaboration, and Integrity. The award honours the legacy of Dawn Bermingham, whose 37 years of service greatly contributed to WRAD Health’s success.



CHRIS KENDALL
OPERATIONS MANAGER

FINANCE MANAGER'S REPORT

Another pleasing financial result was recorded in 2023-24. This was brought about by a dedicated team, not the least our reception, finance and administrative and medical teams to which we give a big thanks.

During the financial year we welcomed Emilia Roberts to our finance/administrative team and third term GP Registrar Dr Matt (Mahdi) Hajhashem.

The addition of Dr Matt along with some increases in Medicare bulk billing incentives, saw a favourable impact on medical income in 2023-24. During the year we continued our trial evening medical clinic up to two nights per week, along with our one day per week Portland and Hamilton pharmacotherapy clinics.

WRAD Health's Medical Service continues to place first and second-year interns and final-year Deakin medical students; and during the

year we expanded our reception counter for better patient service.

We also successfully completed our three-yearly re-accreditation with AGPAL. Our medical service is accredited to the RACGP's 5th Standards through until January 2027.



ALISTAIR ROSS
FINANCE MANAGER /
MEDICAL PRACTICE MANAGER

MEDICAL SNAPSHOT



WRAD Health saw a total of **2955 individual patients** for the financial year covering a wide range of health issues. These included significant concerns around chronic diseases such as mental illness, cardiovascular, musculoskeletal, respiratory, substance use and diabetes.



In terms of mental illness, **depression** was by far the most common followed by anxiety.



As a bulk billing practice, WRAD Health **provides an accessible service** for a large number of people on pensions or other income support.



Whilst WRAD Health is a **co-located medical service** with alcohol and other drug support, substance use is not a high reason for consulting our doctors.



More women attend the service than men. Most people are from the Warrnambool region although people from outside the city also attend the clinic.

HIGHLIGHTS 2023/2024

SUPPORT FOR DRUG CHECKING

WRAD Health joined 77 community agencies calling for the introduction of a drug checking system to save lives in Victoria.

The Victorian Alcohol and Drug Association (VAADA) in collaboration with RMIT University released a statement in October supported by 77 health and community agencies highlighting the dire need for a drug checking and enhanced public alert system to be implemented in Victoria.

VAADA initiated the campaign to call on the Victorian Government to adopt the unequivocal recommendation of the Coroners Court of Victoria to create a drug checking service for the state, believing this will save lives and provide information on emerging harmful substances prior to consumption.

The campaign is in response to a surge in fatal overdose of novel psychoactive substances (NPS) which mimic established substances but are often more harmful.

WRAD Health acting CEO Mark Powell said the proposed testing service aligned with WRAD Health's focus on harm reduction.

"Unfortunately, people can purchase substances online or from dealers but not really know what they're getting," he said.

STILL ON THE LOOKOUT

WRAD Health remains ready to work with State Government to make The Lookout a reality.

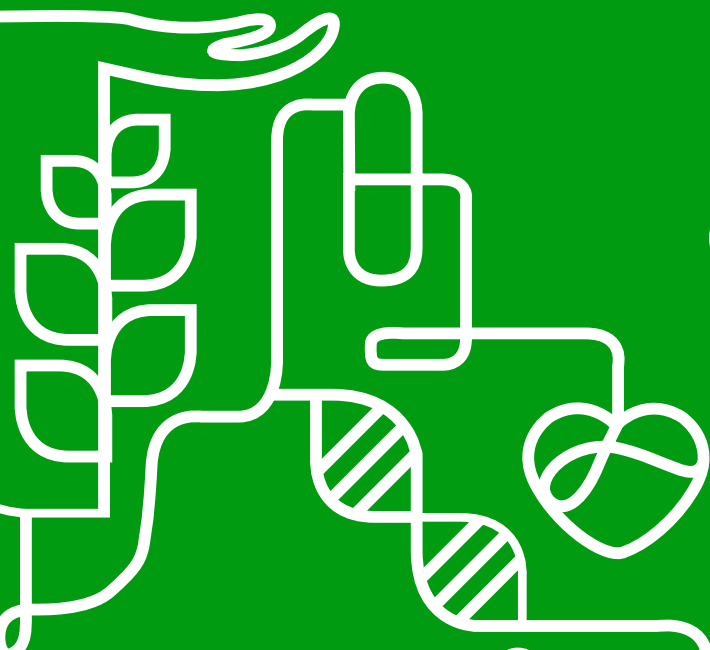
CEO Mark Powell said he was beyond disappointed that The Lookout had once again been overlooked in the 2024-25 Victorian State Budget but WRAD Health remain committed to making this essential; residential rehabilitation facility a reality.

"This disappointment is in my capacity as CEO of WRAD Health and also as a former Alcohol and Other Drug (AOD) Clinician, where I know the absence of this facility will cost lives and continue to tear apart families," he said.

"But I will not lose hope. The Lookout represents a beacon of hope for individuals struggling with addiction in south-west Victoria. With the support of government funding and community stakeholders, we can transform lives, strengthen communities, and pave the way towards a brighter, healthier future for all.

"I stand ready to continue these conversations so that instead of community disappointment again in 12 months' time, we are sitting down with architects to make The Lookout a reality.

"I will continue working with the Victorian State Government to ensure The Lookout is a reality in the 2025-26 State Budget."



“The Lookout represents a beacon of hope for individuals struggling with addiction in south-west Victoria.”

WRAD HEALTH MAINTAINS BULK BILLING

In a world where fully bulk-billing clinics are becoming a thing of the past, WRAD Health is determined to continue providing free medical care.

As one of only two fully bulk-billing medical clinics in Warrnambool, WRAD Health faces challenges in ensuring the service's viability but says it's important that it stays for the community.

The clinic is used by about 2700 people each year for general medical support and now has eight doctors on staff.

While other local medical clinics offer mixed billing, only WRAD Health and Gunditjmara are fully bulk billing. Australia has reportedly lost more than 400 dedicated bulk-billing GP clinics in the past year.

CEO Mark Powell said the organisation's mission was to provide accessible services to the local community.

"We're a not-for-profit organisation and running bulk billing practices are a service to the community first and foremost, ensuring access to healthcare for those vulnerable people unable to pay out of pocket," he said.

INJECTING ROOM CAMPAIGNER INSPIRES WARRNAMBOOL RESIDENTS

One of the leading campaigners behind the creation of a medically supervised injecting room in Richmond inspired Warrnambool residents to keep up their campaign for the Lookout residential rehabilitation centre.

WRAD Health and the Warrnambool Library and Learning Centre hosted author Judy Ryan on April 16.

It was first in a new series of "Sticky Subjects" panel discussions at the library that will invite the public to explore their way of thinking about complex issues.


Ms Ryan said her message is simple – if she can identify a problem and do something about it, so can others. "I will tell my story as an accidental activist and then throw it open to the audience – is there an issue here and is there something you can do about it?"

During her Warrnambool presentation, Ms Ryan was joined by WRAD Health CEO Mark Powell and program manager for Brophy Family and Youth Services' youth AOD program DARE, Jess Moloney, who spoke about the local drug and alcohol situation.

Ms Ryan said the campaign for the Lookout residential rehabilitation centre was a great example where "people can become activists without marching up and down the street".

"It can be as easy as contacting your local politician; we can change the world just by doing that."

Ms Ryan released her book 'You Talk We Die' last year, received an OAM in 2022 for services to community health and has been awarded a Churchill Fellowship to travel overseas in late 2024 to learn how drug-impacted communities engage governments to save lives using health-based solutions.

 We're a not-for-profit organisation and running bulk billing practices are a service to the community first and foremost, ensuring access to healthcare for those vulnerable people unable to pay out of pocket.

NOMINATION FOR DR SUE

WRAD Health's Dr Sue Richardson was nominated for the 2024 Victorian Rural Health Awards in the category: Outstanding Contribution by a Rural GP or Rural Generalist.

Since 2005, Rural Workforce Agency Victoria, with the support of the Victorian Government Department of Health, has proudly hosted these awards to recognise the significant contributions of health professionals to the well-being of our Victorian rural communities. The awards celebrate health professionals working in many disciplines across rural Victoria.

The nomination was just recognition for Sue's great work for our community.

RUBY HUNTER NAMED AS PATRON

The late Ruby Hunter was honoured as the latest Patron of WRAD Health.

Following discussions with her family, WRAD Health welcomed Ruby as WRAD Health's third patron, joining her long-time partner Archie Roach AM and author Paul Jennings AM.

A special painting of Ruby Hunter, kindly donated by her friend artist Bindii Cody Nappangartii Smith and with consent of her brother Eric Richards, is now proudly on display at the WRAD Health centre.

The painting serves as a living tribute, to the spirit of Ruby, a trailblazer in the world of music and a beacon of strength, resilience and creativity and a source of inspiration for generations to come.



Following discussions with her family, WRAD Health welcomed Ruby Hunter as WRAD Health's third patron, joining her long-time partner Archie Roach AM and author Paul Jennings AM.

SHARING STORIES

Sharing Stories: Strengthening Communities – Storytelling as a pathway to connection and awareness was a joint project between Warrnambool City Council Library and Learning Centre and WRAD Health, funded by the State Library Victoria and Public Libraries Victoria Libraries for Health and Wellbeing Innovation Grants.

The aim of this project was to work with people who have experienced addiction, to co-design and create an educational animation that will be publicly available to aid in the de-stigmatisation of addiction and recovery, and to raise community awareness.

Working with the team at One Day Studios, a short animation created with project participants to be used by WRAD Health in their programs and outreach, as well as being available on the library website.

The video can be found at file:

///E:/Videos/Sharing%20Stories%20_%20library.warrnambool.vic.gov.au.html

WRAD HEALTH OPERATIONAL PLAN



OUR PHILOSOPHY

WRAD health values the uniqueness of all individuals and recognises the need to provide a flexible, accessible, effective and acceptable service model to all individuals in our community. WRAD Health embrace the principles of harm minimisation and offer services to all members of the community inclusive of individuals from diverse cultural backgrounds, Aboriginal and Torres Strait Islander peoples and people who identify with the LGBTQIA+ community.



VISION

WRAD Health's vision is to advocate and promote the good health and wellbeing of all people in the South Western Region of Victoria.




MISSION


WRAD Health strives to provide comprehensive integrated healthcare and tailored treatment to individuals and their families.





VALUES

Respect, Compassion, Accountability, Integrity and Collaboration.

| Priority Area | Objectives | Key Initiatives | Performance Measure/s | Actions |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Client Quality and Service Growth</p> | <ul style="list-style-type: none"> Enhance the quality of services provided to clients. Expand service offerings to reach a broader client base. Improve client satisfaction and outcomes. | <ol style="list-style-type: none"> Client Feedback Systems: <ol style="list-style-type: none"> Implement regular client satisfaction surveys. Establish a client advisory board for continuous feedback and improvement suggestions. Service Expansion: <ol style="list-style-type: none"> Introduce new services based on community needs assessments. Increase accessibility through extended hours and additional locations. Quality Assurance Programs: <ol style="list-style-type: none"> Develop and enforce quality control measures for all services. Regularly train staff on best practices and new methodologies. | <ul style="list-style-type: none"> Client satisfaction scores. Number of new services introduced. Improvement in client outcomes. | <ul style="list-style-type: none"> Gather baseline data on satisfaction through surveys and consumer groups. Develop improved pathways to access service through mutual aid groups, Triage system, Increase family involvement, revamp Non Resi Rehab program. Continue to develop quality improvement activities for medical and clinical utilizing patient feedback, incidents and complaints, monthly data reports. |

| Priority Area | Objectives | Key Initiatives | Performance Measure/s | Actions |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Quality/Risk</p> | <ul style="list-style-type: none"> • Achieve QIP Accreditation | <ol style="list-style-type: none"> 1. Strategies targeted to clinical services, senior management and committee of management. 2. Maintain and monitor HR standards. 3. Review policies and procedures and update Practice Hub as required with input from relevant staff, consumers and legislative changes. | <ul style="list-style-type: none"> • Outcome of QIP assessment. | <ul style="list-style-type: none"> • Complete self assessment. • Prepare and implement necessary actions for on site assessment. • Implement corrective actions if required. |

| Priority Area | Objectives | Key Initiatives | Performance Measure/s | Actions |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>WRAD Health Promotion</p> | <ul style="list-style-type: none"> • Increase awareness of WRAD's services and importance of addiction treatment. • Promote healthy living and prevention strategies in the community. • Engage the community in health promotion activities. | <ol style="list-style-type: none"> 1. Public Awareness Campaigns: <ul style="list-style-type: none"> • Run targeted campaigns on social media, radio, and local newspapers. • Organize community events focusing on addiction education and prevention. 2. Partnerships with Local Organisations: <ul style="list-style-type: none"> • Collaborate with schools, workplaces, and community groups to deliver educational programs. • Partner with local media to share success stories and health tips. 3. Health Education Workshops: <ul style="list-style-type: none"> • Offer workshops on topics such as addiction, mental health, and wellness. • Develop resources and materials for community distribution. | <ul style="list-style-type: none"> • Reach and engagement levels of campaigns. • Number of workshops conducted and participant feedback. • Increase in community awareness and participation in health promotion activities. | <ul style="list-style-type: none"> • Develop MailChimp to deliver newsletter and updates • Ongoing media promotion both on socials and mainstream media. • Update website to include section with links to brochures on various services offered, including those in different languages. • Seek community engagement opportunities such as training sessions and public events, clubs, schools and businesses |

| Priority Area | Objectives | Key Initiatives | Performance Measure/s | Actions |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Financial Growth</p> | <ul style="list-style-type: none"> • Ensure financial sustainability and growth. • Diversify funding sources to reduce dependency on any single source. • Optimize financial management practices. | <ol style="list-style-type: none"> 1. Fundraising and Grant Applications: <ul style="list-style-type: none"> • Develop a comprehensive fundraising strategy. • Identify and apply for relevant grants and funding opportunities. 2. Revenue Diversification: <ul style="list-style-type: none"> • Introduce fee-for-service programs where appropriate. • Explore social enterprise opportunities to generate additional income. 3. Financial Management and Oversight: <ul style="list-style-type: none"> • Implement robust financial management systems. • Conduct regular financial reviews and audits. | <ul style="list-style-type: none"> • Total funds raised and diversified funding sources. • Financial health indicators (e.g. cash flow, reserves). • Successful grant applications and new revenue streams. | <ul style="list-style-type: none"> • Leadership team to continue monitoring Tenders on Department website and PHN. • Monitor Grant funding pages for possible funding opportunities • Continue to maintain close links with local business. • Develop donations page and identify specific projects that require charitable funding. • Financial management oversight through Finance and Risk sub-committee of board and CoM monthly financial reporting |

| Priority Area | Objectives | Key Initiatives | Performance Measure/s | Actions |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Sustainable Workforce</p> | <ul style="list-style-type: none"> • Attract and retain skilled and dedicated staff. • Foster a positive and supportive work environment. • Ensure ongoing professional development and career progression for staff. | <ol style="list-style-type: none"> 1. Talent Acquisition and Retention: <ul style="list-style-type: none"> • Implement targeted recruitment strategies. • Develop retention programs to reduce staff turnover. 2. Professional Development: <ul style="list-style-type: none"> • Provide regular training and development opportunities. • Support staff in obtaining relevant certifications and qualifications. 3. Workplace Wellbeing: <ul style="list-style-type: none"> • Promote work-life balance and employee wellbeing initiatives. • Create a supportive culture that values and recognizes staff contributions. | <ul style="list-style-type: none"> • Staff turnover rates. • Employee satisfaction and engagement scores. • Participation in professional development programs. | <ul style="list-style-type: none"> • Regular staff supervision • Annual performance reviews • Identify and support staff in training • Maintain staff well-being program |

ARTWORK BY TIMBOON P-12 SCHOOL

Three Timboon P-12 School students have been inspired by the AOD field to produce some stunning art works.

The students, Hannah Brown, Mikaela Woods and Zali Hanegraaf supported by their teacher Gail Higgins, have shared their works to support WRAD Health and hope to inspire others to notice simple things in life that can be the impetus for positive lifestyle changes.

WRAD Health CEO Mark Powell met with the students to hear about their work and to explain why it's important to change the way we talk about people who use substances and to promote that recovery works. Mark also presented the students a certificate of appreciation as well as a gift voucher.

DEMON WITHIN



This painting depicts the struggle of addiction. It is like a demon from within that reaches out to control the person, to get them to feed it by using drugs like alcohol. The demon does not care for its host and will happily continue to encourage it to be fed all the while destroying its host both physically and psychologically. What the demon is most scared of is that one day the person will realise that it's not them that needs the drug but the demon. Once they realise this, they have choice and, in that choice, they can decide not to feed it and regain control over their lives. The demon whilst may still be there becomes powerless and withers away.

UNDER THE DISCO BALL MOON



Even from a young age people look up to the night sky to make wishes on shooting stars. Imagery of bright twinkling lights can fill people with hope as it represents the beauty and simplicity within life and nature. Gardens also help us to remain optimistic as they provide a safe and peaceful space. This artwork helps to show that when we are reminded of the things in our lives that we love, it can really inspire a positive change and show us that anything is possible.

EVIL CLOWN

This painting is titled "reflections" however it reminds of the story of the "evil clown" called alcohol described by the author Craig Beck on quitting alcohol.

Alcohol is marketed as a friend, a social lubricant, a celebration. Craig describes alcohol as this evil clown that promises lots yet takes away much more.

Once entranced by the 'evil clown' it leaves so many people feeling empty and alone as depicted by the skull with only its reflection to look at.

The positive is that change is possible and for so many people reaching this point of despair can be the trigger to want more from life and to leave the 'evil clown' behind.



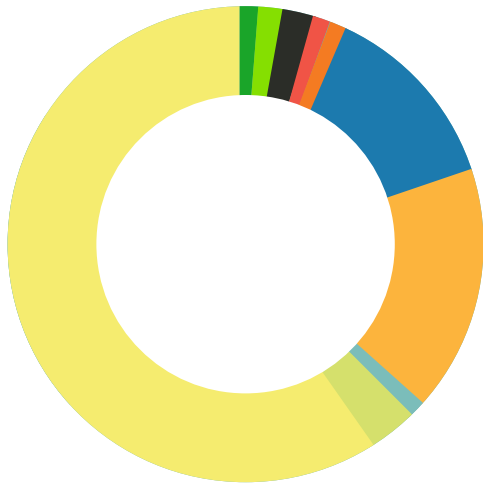
JUDGEMENT

In this painting the subtle eyes peer from the flowers of the plant representing the judgement that can be felt from people who don't understand the issues around substance dependence. Whilst the eyes appear innocent, they can sometimes hide a sharp accusatory judgement that forces a person into shame and isolation. What these eyes don't see is the person within, the person struggling with emotional pain, physical pain, trying to cope in life. With understanding those eyes can fade or fall from the plant moving towards a state of acceptance and help for someone struggling. The opposite of addiction is not abstinence it's connection – **Johan Hari**



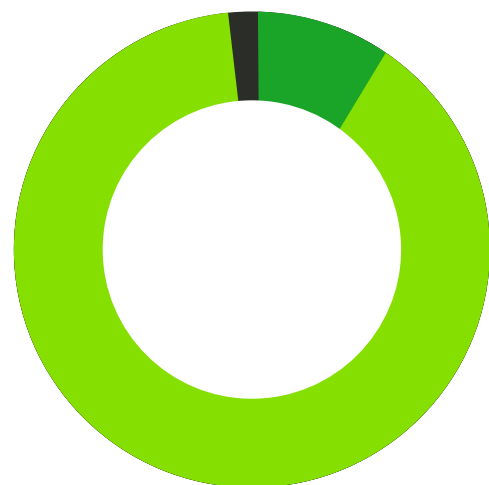
WRAD HEALTH STATISTICS

SOURCE OF REFERRAL



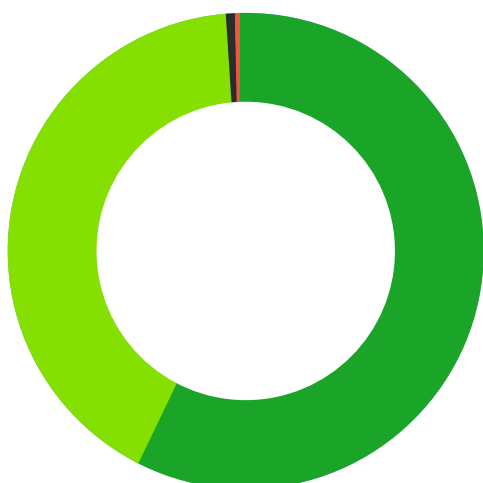
- AOD
- CHILD PROTECTION
- COURT DIVERSION AND POLICE DIVERSION
- FAMILY AND FRIENDS
- HOSPITAL
- GP
- CORRECTIONAL SERVICES
- YOUTH JUSTICE
- MENTAL HEALTH
- SELF

INDIGENOUS STATUS



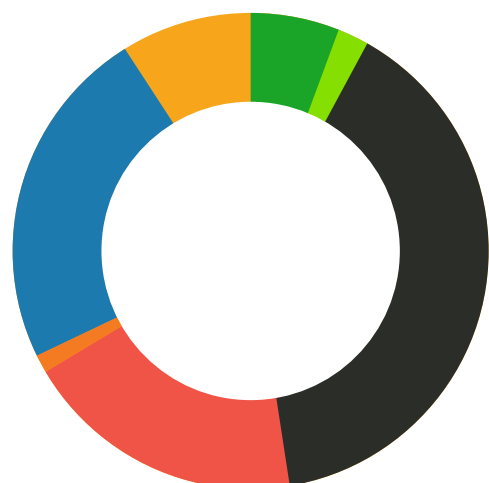
- ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN
- NON-ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN
- NOT STATED

GENDER



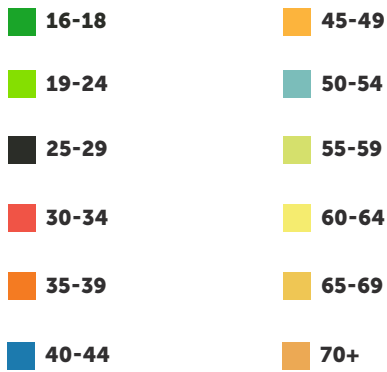
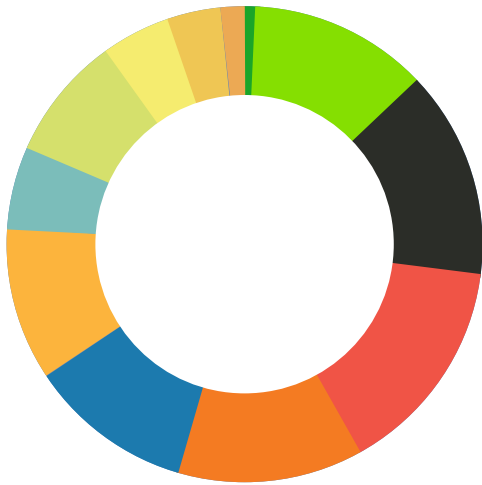
- MALE
- FEMALE
- TRANSGENDER
- NOT STATED

RELATIONSHIP STATUS

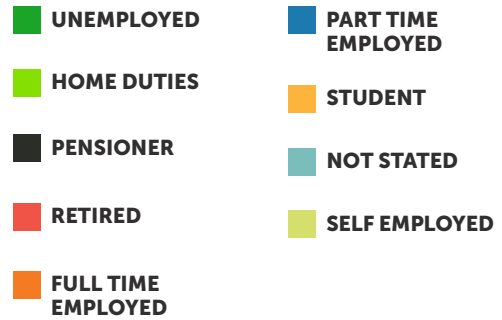
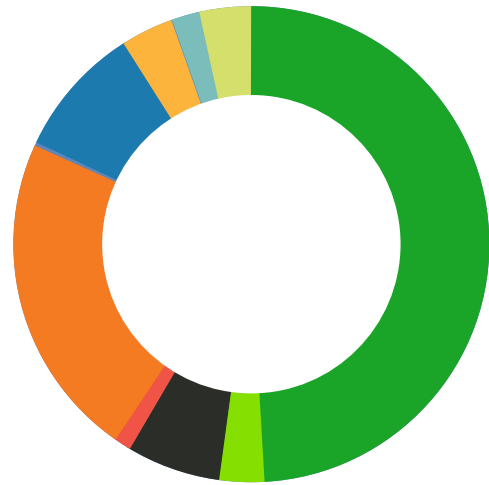


- DIVORCED
- SEPARATED
- NEVER MARRIED
- MARRIED/DEFACTO
- WIDOWED
- NOT STATED
- BLANK

AGE



EMPLOYMENT STATUS

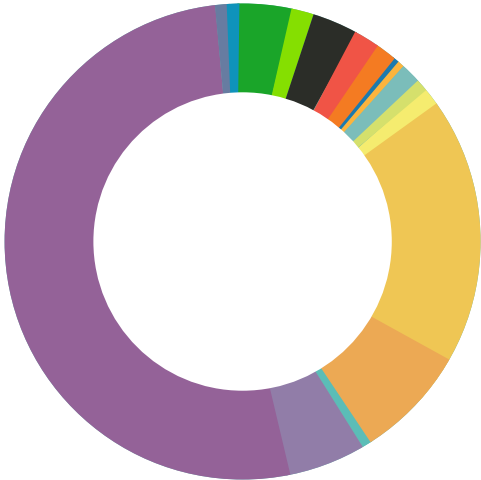


PRIMARY DRUG OF CONCERN



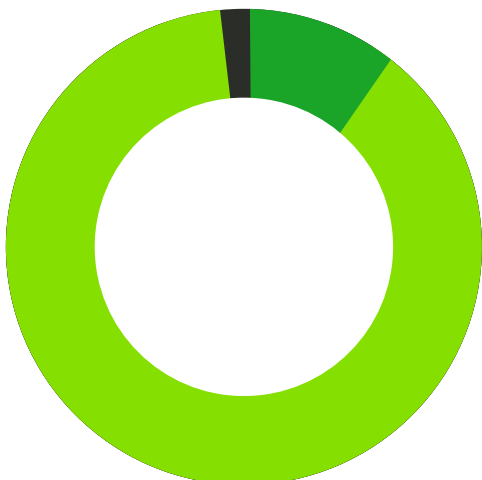
WRAD HEALTH STATISTICS FOR PHN SERVICES (Step Thru Care)

SOURCE OF REFFERAL



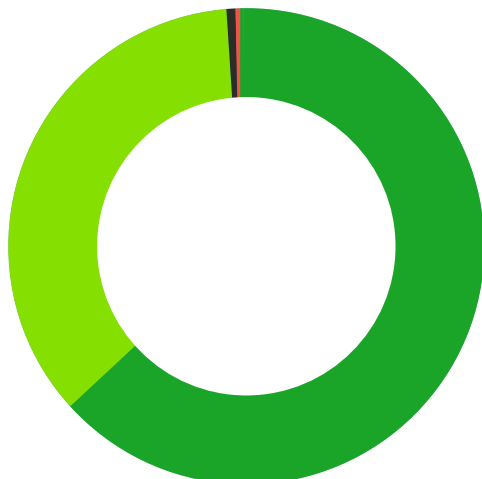
- AOD
- CHILD PROTECTION
- COMMUNITY SUPPORT AGENCY
- CORRECTIONAL SERVICES
- DISABILITY SUPPORT SERVICES
- EMPLOYMENT SERVICES
- DISABILITY SUPPORT SERVICES
- FAMILY AND FRIENDS
- HOMELESS SERVICE
- HOSPITAL
- GP
- MENTAL HEALTH SERVICES
- OTHER WELFARE
- SCHOOL/ OTHER EDUCATION
- SELF
- FAMILY VIOLENCE
- UNKNOWN

INDIGENOUS STATUS



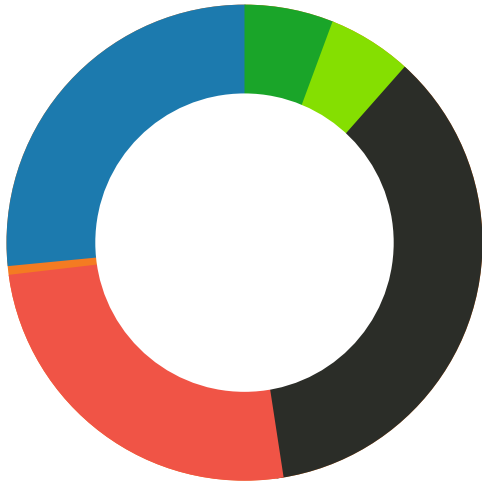
- ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN
- NON-ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN
- NOT STATED

GENDER



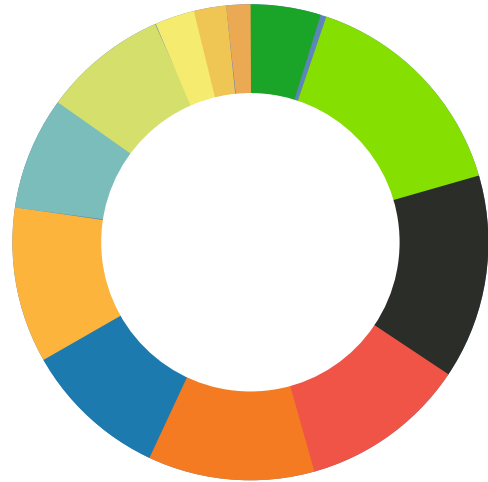
- MALE
- FEMALE
- TRANSGENDER
- NON STATED

RELATIONSHIP STATUS



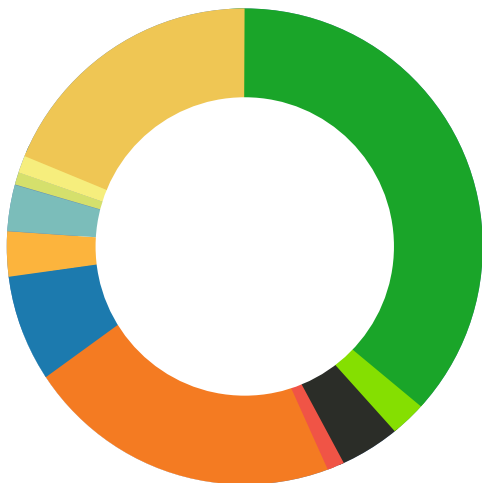
- DIVORCED
- SEPARATED
- NEVER MARRIED
- MARRIED/DEFACTO
- WIDOWED
- BLANK

AGE



- 15-18
- 19-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70+

EMPLOYMENT STATUS



- UNEMPLOYED
- HOME DUTIES
- PENSIONER
- RETIRED
- FULL TIME EMPLOYED
- PART TIME EMPLOYED
- STUDENT
- UNKNOWN
- SELF EMPLOYED
- OTHER
- NOT STATED

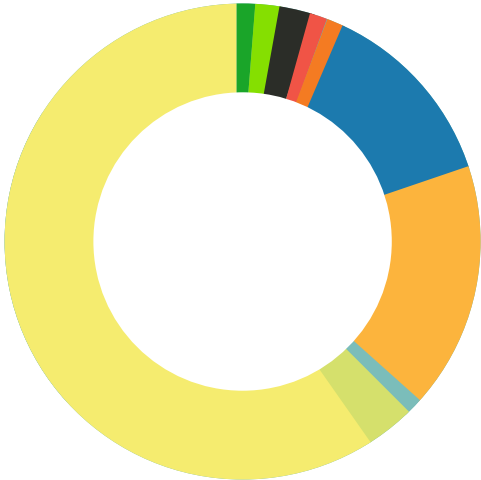
PRIMARY DRUG OF CONCERN



- ALCOHOL
- METHAMPHETAMINE
- CANNABIS
- OTHER

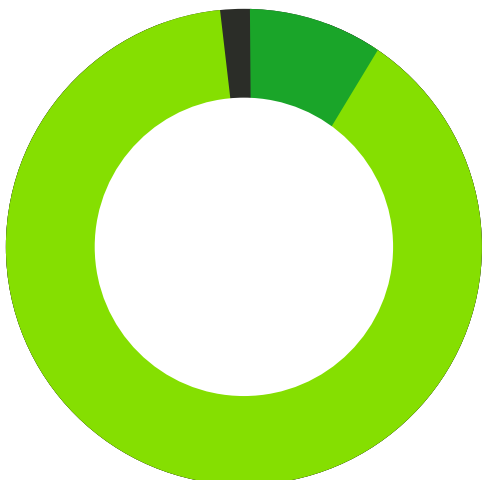
WRAD HEALTH STATISTICS FOR STATE FUNDED SERVICES

SOURCE OF REFFERAL



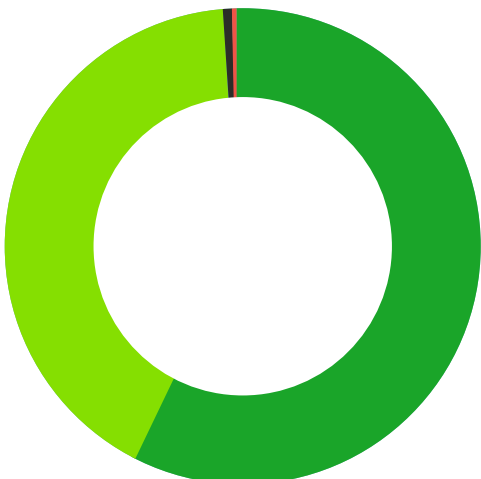
- AOD
- CHILD PROTECTION
- COURT DIVERSION AND POLICE DIVERSION
- FAMILY AND FRIENDS
- HOSPITAL
- GP
- CORRECTIONAL SERVICES
- YOUTH JUSTICE
- MENTAL HEALTH
- SELF

INDIGENOUS STATUS



- ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN
- NON-ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN
- NOT STATED

GENDER



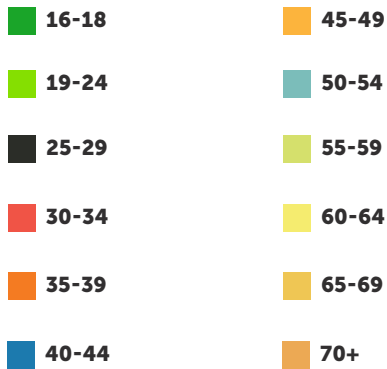
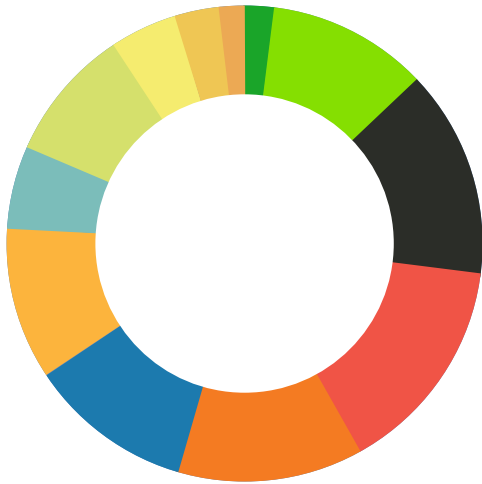
- MALE
- FEMALE
- TRANSGENDER
- NON STATED

RELATIONSHIP STATUS

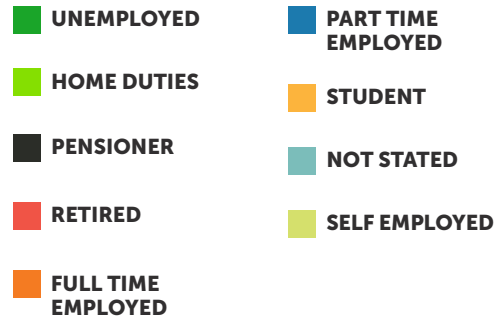
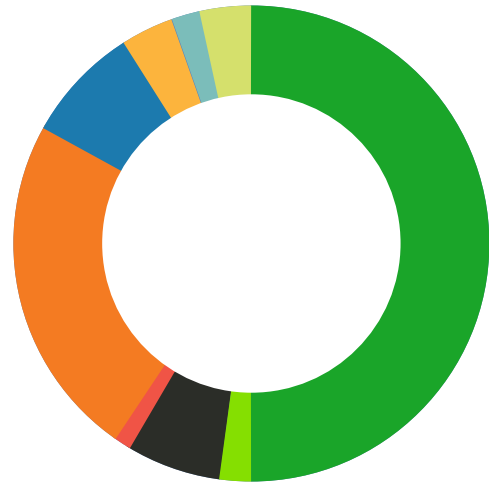


- DIVORCED
- SEPARATED
- NEVER MARRIED
- MARRIED/DEFACTO
- WIDOWED
- NOT STATED
- BLANK

AGE



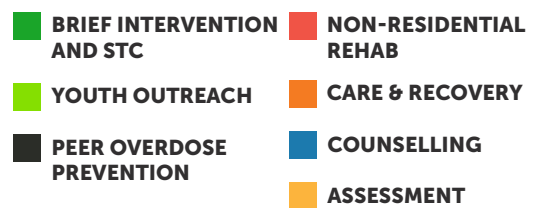
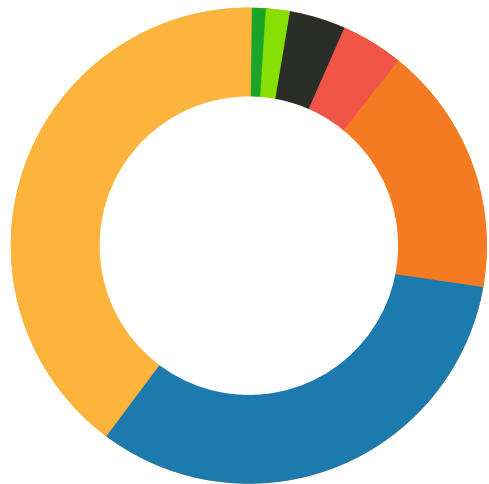
EMPLOYMENT STATUS



PRIMARY DRUG OF CONCERN



VADC FUNDED PROGRAMS



FINANCES

WRAD HEALTH INC. COMMITTEE'S REPORT

Your Committee members submit the Financial Report of WRAD Health Inc. for the financial year ended 30 June, 2024.

Committee Members

The names of Committee members throughout the year and at the date of this Report are:

- Helen Taylor [Chairperson]
- Scott Dickie [Treasurer]
- Robert Coffey [Secretary & Public Officer]
- Glenys Phillpot
- Luke Taylor
- Carolyn Monaghan
- Tracey Kol
- Shane Keogh
- Dean Greenwood

Principal Activities

The principal activities of the Association during the financial year were to advance the health and wellbeing of those in the South Western Region of Victoria affected by addictive behaviours and to promote optimal enjoyment of life.

Significant Changes

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

Operational Result

The operating surplus for the year amounted to \$175,554 (2023 \$238,012 surplus).



Helen Taylor, Chairperson

Dated this 7th day of October 2023

TREASURER'S REPORT

WRAD Health has maintained a healthy financial position for the year to 30 June 2024, recording a surplus of \$175,554. This contributes to our ability to continue to provide successful services and programs to the community.

The surplus was slightly down on the previous year's result of \$238,012. Total income decreased by \$365,485 to \$5,208,224, whilst total expenditure decreased by \$303,026 to \$5,032,670.

Fee-for-service income increased by \$319,466, interest income by \$51,122 and rental income by \$1,483. The main income categories decreasing were funding and grants by \$727,560, donations and gifts by \$6,163 and reimbursements, recoveries and sundries by \$25,979. A gain was also recorded on the disposal of assets of \$23,853.

WRAD Health's executive team continued its hard work, making submissions and lobbying to ensure the continuance of existing Government funding and establishing new funding opportunities.

Employee expenses increased by \$92,158 and professional and consultancy expenses by \$30,084. Motor vehicle expenses decreased by \$16,342, office expenses by \$76,746 and sub-contracting expenses by \$13,792.

WRAD Health's finance team prepares detailed monthly financial reports and budgets for management and the Committee. This allows for the ongoing monitoring of finances and enables appropriate adjustments as required. This dedicated work has resulted in the continued financial strength of WRAD Health.

Projects and services continuing from previous years have included the Sliding Doors Day Rehabilitation Program, Brief Intervention, Mental Health Support Services, Supported Accommodation Services, Peer Support, Family Support Services, Supported Accommodation, and the Assertive Youth Outreach program.

WRAD Health has had the benefit of strong support from our generous community, enabling us to provide services at reduced costs or for free. Financial support by donations or assistance with ongoing

community programs (such as the successful short stories competition) are a significant part of our ongoing success. WRAD Health extends our appreciation to all our supporters.

Handbury Medical Clinic has continued to be a strong service offering by WRAD Health, providing a high level of services to patients and our community throughout the year. Thank you to all our doctors and staff.

WRAD Health's balance sheet continues to remain strong with net assets valued at \$4,739,295, up from \$4,563,741. Showing a strong financial position enables WRAD Health to continue to provide its services and programs into the future.

WRAD Health's continued excellent performance stems from the high standard of work undertaken by our team, volunteers and partners.

I thank the administration and finance teams for their dedication and continued high level of support provided to WRAD Health, its committee and its partners.



SCOTT DICKIE

TREASURER, WRAD HEALTH

“WRAD Health's continued excellent performance stems from the high standard of work undertaken by our team, volunteers and partners.”

FINANCES

COMPREHENSIVE INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2024

| | 2024 \$ | 2023 \$ |
|-----------------------------------------------------------------|------------------|------------------|
| Income | | |
| Funding and Grants | 3,268,182 | 3,995,742 |
| Interest | 65,342 | 14,220 |
| Donations and Gifts | 2,922 | 9,085 |
| Fee for Service Income | 1,726,219 | 1,406,753 |
| Grants from General Government Budget Sector - within Portfolio | 13,117 | 14,822 |
| Net Gain on Disposal of Non-Financial Assets | 23,853 | - |
| Reimbursements, Recoveries and Sundries | 72,605 | 98,584 |
| Rental Income | 35,985 | 34,502 |
| Total Income | 5,208,224 | 5,573,709 |
| Expenditure | | |
| Depreciation | 86,939 | 110,981 |
| Bank Fees | 41 | - |
| Bank Fees | 540 | 572 |
| Medical Expenses | 21,329 | 23,192 |
| Motor Vehicle Expenses | 33,667 | 50,009 |
| Office Expenses | 190,750 | 267,496 |
| Employee Expenses | 3,402,526 | 3,310,368 |
| Professional and Consultancy Expenses | 43,134 | 13,050 |
| Project Expenditure | - | 286,944 |
| Property Expenses | 57,948 | 63,668 |
| Public Relations | 2,474 | - |
| Net Loss on Disposal of Non-Financial Assets | 7 | 4,060 |
| Purchase of Services - Intra Government | 13,117 | 14,822 |
| GSC Consortium (Sub-Contracting Expenses) | 1,167,778 | 1,181,570 |
| Utilities | 12,419 | 8,964 |
| Total Expenditure | 5,032,670 | 5,335,696 |
| NET RESULT FOR THE YEAR | 175,554 | 238,012 |
| OTHER COMPREHENSIVE INCOME | | |
| Revaluation of Land & Buildings | - | - |
| TOTAL COMPREHENSIVE INCOME FOR THE YEAR | 175,554 | 238,012 |

This statement should be read in conjunction with the accompanying notes

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2024

| | NOTES | 2024 \$ | 2023 \$ |
|--------------------------------------|-------|------------------|------------------|
| Current Assets | | | |
| Cash and Cash Equivalents | 2 | 355,879 | 809,730 |
| Financial Assets | 3 | 1,599,203 | 657,788 |
| Receivables | 4 | 305,725 | 527,606 |
| Prepayments | 5 | 29,946 | - |
| TOTAL CURRENT ASSETS | | 2,290,752 | 1,995,125 |
| Non Current Assets | | | |
| Property, Plant and Equipment | 6 | 3,385,914 | 3,480,213 |
| TOTAL NON CURRENT ASSETS | | 3,385,914 | 3,480,213 |
| TOTAL ASSETS | | 5,676,666 | 5,475,338 |
| Current Liabilities | | | |
| Trade and Other Payables | 7 | 429,258 | 369,059 |
| Other Liabilities | 8 | 49,743 | 114,448 |
| Employee Benefits | 9 | 403,907 | 392,258 |
| TOTAL CURRENT LIABILITIES | | 882,909 | 1,262,105 |
| NON CURRENT LIABILITIES | | | |
| Employee Benefits | 9 | 54,462 | 35,832 |
| TOTAL NON CURRENT LIABILITIES | | 54,462 | 35,832 |
| TOTAL LIABILITIES | | 937,371 | 911,597 |
| NET ASSETS | | 4,739,295 | 4,563,741 |
| EQUITY | | | |
| Asset Revaluation Reserve | | 1,251,842 | 1,251,842 |
| Retained Earnings | | 3,487,454 | 3,311,899 |
| TOTAL EQUITY | | 4,739,295 | 4,563,741 |

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2024

| | Retained Earnings \$ | Asset Revaluation Reserve \$ | Total \$ |
|-----------------------------|----------------------------|---------------------------------------|------------------|
| Balance 30 June 2022 | 3,073,887 | 1,251,842 | 3,372,736 |
| Net Result for the Year | 238,012 | - | 238,012 |
| Balance 30 June 2023 | 3,311,899 | 1,251,842 | 4,563,741 |
| Net Result for the Year | 175,554 | - | 175,554 |
| Balance 30 June 2024 | 3,487,454 | 1,251,842 | 4,739,295 |

STATEMENT OF CASH FLOWS AS AT 30 JUNE 2024

| | NOTES | 2024 \$ | 2023 \$ |
|----------------------------------------------------------|-------|------------------|------------------|
| Operating Activities | | | |
| Receipts from Government Funding | | 3,562,651 | 3,771,855 |
| Other Receipts | | 1,843,602 | 1,508,492 |
| Interest Expense | | - | (1,233) |
| Net GST Received / (Paid) | | (16,546) | (14,164) |
| Payments for Operating Activities | | (4,933,350) | (5,532,024) |
| Net Cash Flow from/(used in) Operating Activities | 10 | 456,357 | (267,075) |
| Investing Activities | | | |
| Purchase of Financial Assets | | (941,415) | (657,788) |
| Payments for Property, Plant and Equipment | | (11,066) | (116,701) |
| Proceeds from Sale of Non-Financial Assets | | 42,273 | - |
| Net Cash Flow from/(used in) Investing Activities | | (910,208) | (774,489) |
| Financing Activities | | | |
| Repayment of Borrowings | | - | (49,376) |
| Net Cash Flow from/(used in) Financing Activities | | - | (49,376) |
| Net Increase/(Decrease) in Cash and Cash Equivalents | | (453,851) | (1,090,940) |
| Cash and Cash Equivalents at Start of Year | | 809,730 | 1,900,670 |
| Cash and Cash Equivalents at End of Year | 2 | 355,879 | 809,730 |

This statement should be read in conjunction with the accompanying notes

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

Note 1. Statement of Accounting Policies

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the “Associations Incorporation Reform Act 2012” and the “Australian Charities and Not-for-profits Commission Act 2012” . The Committee has determined that the Association is not a reporting entity.

The financial statements have been prepared on an accruals basis and are based on historical costs and do not take into account changing money values or, except where specifically stated, current valuations of non current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

Note 1. Statement of Accounting Policies

a) Buildings, Plant and Equipment

Plant, Equipment, Furniture and Motor Vehicles are included at cost, less where applicable any accumulated depreciation. Depreciation is calculated based on the expected useful life of the asset.

Land and Buildings are carried at independent market valuation. The Committee revalued the organisation’s properties as at 30 June, 2022 on the basis of an external independent valuation by Preston Rowe Paterson Warrnambool Pty Ltd, with the treatment of the revaluation being in accordance with AASB 116 Property, Plant and Equipment. Depreciation on revalued buildings is calculated based on the expected useful life of the asset.

The carrying amount of property, plant and equipment is reviewed annually by the Committee to ensure it is not in excess of the recoverable amount of those assets.

b) Revenue

Operating Grants, Donations and Bequests

When the entity receives operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the entity:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards;
- *recognises relates amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from contract with customer)*
- *recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.*

Capital Grants

When the entity receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

The entity recognises income for fee for service upon services being delivered.

Interest Income

Interest Income is recognised using the effective interest method.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

c) Employee Benefits

Provision is made for the entity's liability for employee benefits arising from services rendered by employees to the entity. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on costs. Employee 'benefits payable later than one year have been measured at the present value of the estimated cash outflows to be made for these benefits.

Long service leave portability

Employees entitled to the long service leave portability scheme will have their long service leave entitlement held by the scheme from the 1st of July 2019. If the employee is entitled to a higher benefit of longer service leave or is not entitled to the scheme, their benefit will be calculated per the short-term or other long-term employee benefits.

Whilst in prior years there has been a net approach to reporting long service leave, from 1st of July 2022 a gross approach has been taken to calculate the entire long service leave liability, including on-costs and a present day calculation. Conversely a provision has been raised to reflect the future benefit of contributions receivable from the long service leave portability scheme.

d) Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest rate method, less any provision for impairment.

Portable long service leave scheme receivable

WRAD Health Inc. is a Participant Employer of the Portable Long Service Leave Scheme (PLSLS). As a Participant Employer, WRAD Health Inc. contributes an quarterly levy to PLSLS. The quarterly levy amount is equivalent to 1.65% of the time worked and ordinary wages paid to their employees. Pursuant to Portable Long Service Leave Regulations 2020, the PLSLS has an obligation to Participant Employers to pay from the Scheme, benefits to them as a reimbursement for long service leave paid or payable to their employees. In accordance with the Scheme Rules, the Participant Employers remain legally responsible for long service leave obligations.

Notwithstanding, in accordance with Accounting Standards, given the existence of the Scheme and the rules of the Scheme, where the long service leave obligation will be reimbursed by the Scheme, a reimbursement asset shall be recognised when and only when the reimbursement is virtually certain. Accounting standards specifically require the reimbursement to be treated as a separate asset that shall not exceed the value of the provision.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

e) Critical Accounting Estimates and Judgements

The committee evaluates estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the association.

Key estimates - Impairment

The association assesses impairment at the end of each reporting period by evaluating the conditions and events specific to the association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Employee Benefits

For the purposes of measurement, AASB 119: Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the association expects that all of its employees would use all of their annual leave entitlements earned during a reporting period before 12 months after the end of the reporting period, the association believes that obligations for annual leave entitlements satisfy the definition of short-term employee benefits and, therefore, can be measured at the (undiscounted) amounts expected to be paid to employees when the obligations are settled.

Employee benefit liabilities are classified as a non-current liability if Centre for Participation has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category. Centre for Participation applies significant judgment when measuring its employee benefit liabilities.

The Association applies judgement to determine when it expects its employee entitlements to be paid.

With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees.

Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields on government bonds at the end of the reporting period.

All other entitlements are measured at their **nominal value**.

Performance obligations under AASB 15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/type, cost/value, quantity and the period of transfer to the goods or services promised.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

| | 2024 | 2023 |
|------------------------------------------------------------|------------------|------------------|
| | \$ | \$ |
| Note 2. Cash and Cash Equivalents | | |
| Main Account | 355,375 | 771,332 |
| Commonwealth Project | - | 38,317 |
| Cash Floats | 400 | - |
| Lookout Appeal | 104 | 18 |
| Online Savers | - | 64 |
| | 355,879 | 809,730 |
| Note 3. Financial Assets | | |
| WRAD - Term deposit | 1,217,523 | 300,000 |
| Lookout Appeal - Term deposit | 381,680 | 357,788 |
| | 1,599,203 | 657,788 |
| Note 4. Receivables | | |
| Accrued Income | 36,261 | 16,754 |
| PLSA Scheme Receivable | 24,214 | 24,155 |
| Trade Debtors | 245,249 | 486,697 |
| | 305,725 | 527,606 |
| Note 5. Prepayments | | |
| Prepayments | 29,946 | - |
| Note 6. Property, Plant and Equipment per Valuation | | |
| Land - at fair value | 1,595,000 | 1,595,000 |
| Buildings - at fair value | 1,732,370 | 1,732,370 |
| Less: Accumulated Depreciation | (91,571) | (45,149) |
| | 3,235,799 | 3,282,220 |
| Plant and Equipment at fair value | 269,598 | 260,822 |
| Less: Accumulated Depreciation | (195,674) | (176,997) |
| | 73,924 | 83,825 |
| Motor Vehicles at fair value - owned | 215,931 | 253,940 |
| Less: Accumulated Depreciation | (139,740) | (139,772) |
| | 76,191 | 114,168 |
| | 3,385,914 | 3,480,213 |

Land and buildings were revalued to fair value by Preston Rowe Paterson Warrnambool Pty Ltd as at 30th June, 2022.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

| | 2024 | 2023 |
|--------------------------------------------------------------------|----------------|------------------|
| | \$ | \$ |
| Note 7. Trade and Other payables (Current) | | |
| Trade Payables | 153,545 | 219,926 |
| Accrued Expenses | 308,652 | 72,021 |
| GST / PAYG Liabilities | 67,061 | 77,112 |
| | 429,258 | 369,059 |
| Note 8. Other Liabilities | | |
| Income in Advance | 49,743 | 114,448 |
| Note 9. Employee Benefits | | |
| (a) Current | | |
| Annual Leave | 245,648 | 238,144 |
| Non Current Long Service Leave | 54,462 | 35,832 |
| Note 10. Cash Flow Information | | |
| Reconciliation of Cash Flow from Operations with Net Result | | |
| Net Result for the Year | 175,554 | 238,710 |
| Add back Non-Cash Flows in Operating Profit: | | |
| Depreciation | 86,939 | 110,981 |
| (Profit) / loss on disposal of Non-Financial Assets | (23,846) | 4,060 |
| Movement in Assets and Liabilities | | |
| Increase/(Decrease) in Trade Payables | (66,380) | 117,004 |
| Increase/(Decrease) in Accrued Expenses | 136,630 | 23,156 |
| Increase/(Decrease) in GST / PAYG Liabilities | (10,051) | (14,136) |
| Increase/(Decrease) in Other Liabilities | (64,705) | (465,427) |
| Increase/(Decrease) in Employee Provisions | 30,279 | 12,637 |
| Increase/(Decrease) in Prepayments | (29,946) | - |
| (Increase)/Decrease in Receivables | 221,882 | (293,362) |
| Cash Flows from / (used in) Operations | 456,357 | (267,075) |

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

Note 12. Contingent Assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity.

Since 2017, WRAD Health has been actively fundraising for donations to contribute towards the construction of the Lookout Facility. Management have also received pledges which amount to \$331,000 as at 30 June 2024, which would become receivable to WRAD upon the Department of Health and Human Services confirming their grant towards operational funding to enable the project to commence. As a result these pledges have been recognised as a contingent asset.

Contingent Liabilities

Contingent liabilities are possible obligations that arise from past events,

- whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity; or
- present obligations that arise from past events but are not recognised because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations; or the amount of the obligations cannot be measured with sufficient reliability.

As at 30 June 2024, WRAD Health had received donations towards the establishment of the Lookout Facility amounting to \$365,603 which have been recognised as income during the past seven years. The Board have appropriate controls in place to manage these donations. These donations will be utilised upon the Department of Health and Human Services confirming their grant towards operational funding to enable the project to commence.

WRAD Health Inc. has submitted an expression of interest to purchase a property, for the purpose of establishing the Lookout Rehabilitation Centre which has been accepted by the vendor. The EOI is subject to the satisfactory outcome of two conditions. As at balance date these conditions have not been met, however if achieved WRAD would be liable to purchase the property.

WRAD Health Inc. has lodged titles for property held in Warrnambool with the Australia and New Zealand Banking Group Limited, who in turn have provided an overdraft facility (undrawn as at 30 June 2024).

Security against specific chattels is held for interest bearing liabilities.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2024**

Note 13. Leasing Commitments

Low value operating lease commitments

Payable within 12 months
Payable 1 to 5 years

2024
\$

5,554
6,942

2023
\$

5,379
12,102

Note 14. Events After The Balance Sheet Date

The Committee is not aware of any events which have occurred subsequent to balance date

Note 15. Capital Commitment

Payable within 12 months

-

11,863

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

In the opinion of the Committee the Financial Report comprising the Comprehensive Income Statement, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows and Notes to the Financial Report:

1. the Incorporated Association is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purposes of complying with the Australian Charities and Not-for-Profits Commission Act 2012 and the Associations Incorporation Reform Act 2012 (Vic).
2. the attached financial statements and notes thereto comply with Accounting Standards as described in note 1 to the financial statements;
3. the attached financial statements and notes give true and fair value of the Incorporated Association's financial position as at 30 June 2024 and its performance for the financial year ended or that date; and
4. 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 for and on behalf of the Committee by:



Chairperson: Helen Taylor



Treasurer: Scott Dickie

Dated this 7th day of October 2023

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF WRAD HEALTH INC.

Opinion

We have audited the financial report of WRAD Health Inc., which comprises the statement of financial position as at 30 June 2024, comprehensive income statement, statement of changes in equity, and the statement cash flows for year then ended, and notes to the financial statements, including a summary of material accounting policies and statement by the members of the committee.

In our opinion, subject to the effect of such adjustments, if any, as might have been determined to be necessary had the limitation discussed in the qualification paragraph not existed, the financial statements present a true and fair view in accordance with the accounting policies described in Note 1 to the financial statements and the *Australian Charities and Not-For-Profits Commission Act 2012*, including:

- (a) Giving a true and fair view of the Association's financial position at 30 June 2024 and of its financial performance of the year then ended; and
- (b) Complying with Australian Accounting Standards to the extent described in Note 1, and *Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis of Opinion

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

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

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report is prepared to assist WRAD Health Inc. in fulfilling their requirements of the *Associations Incorporation Reform Act (Vic) 2012* and the *Australian Charities and Not-For-Profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

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

Management is responsible for the preparation of the financial report in accordance with the requirements of the *Associations Incorporation Reform Act (Vic) 2012* and the *Australian Charities and Not-For-Profits Commission Act 2012* and for such internal control as management determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

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

Those charged with governance are responsible for overseeing the WRAD Health Inc.'s financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they

could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

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

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

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

McLaren Hunt
MCLAREN HUNT
AUDIT AND ASSURANCE

N.L. McLean
N.L. MCLEAN
PARTNER

Dated at Warrnambool 8 October 2024.

199 Koroit Street | PO Box 677 | Warrnambool VIC 3280
P: (03) 5562 3544 | F: (03) 5562 0689 | E: admin@mhfg.com.au
www.mclarenhunt.com.au

Liability limited by a scheme approved under Professional Standards Legislation






RUBY HUNTER


A trailblazer in the world of music and a beacon of strength, resilience and creativity and a source of inspiration for generations to come. May 'eternal harmony' continue with all who gaze upon it, reminding us of the power of music and art to transcend time and connect us to the stories that shape our shared human experience."

Painting kindly donated by:
Bindii Cody Nappangartii Smith



WRAD HEALTH ANNUAL REPORT 2023/24

 172 Merri Street,
Warrnambool, Vic 3280

 55 645777

 wrad.org.au



WRAD HEALTH

www.wrad.org.au