

# Annual Report 2023-2024

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gateway  
health

People living well



We acknowledge the traditional custodians of all the lands on which we live, work and play. We pay our respects to Elders, past present and future, for they hold the memory, culture and stories all First Nations peoples. We commit to Reconciliation through truth telling and recognition of loss of land, language and culture; and, to listening and learning as part of a future where all can grow and thrive.

We recognise and celebrate the diversity of our communities and all people we serve, including First Nations peoples; people with disabilities; lesbian, gay, bisexual, transgender and gender diverse people; intersex people; people experiencing health inequalities; culturally and linguistically diverse people; older people; children and people from rural and remote areas.

We are a Child Safe organisation and will ensure the safety of children and young people at all times.

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# Message from the Chair



The past year has been a period of both growth and significant challenge for Gateway Health. As the newly appointed Chair of the Board, I have witnessed firsthand the increasing demand for our services, driven by the evolving needs of the communities that we serve. This growing reliance on our care reflects the vital role we play in promoting health and wellbeing throughout the region and underscores the importance of our work in addressing the health inequities that persist in these communities.

At the same time, we are facing significant financial pressures that have intensified over the past year. Constrained funding, rising operational costs, and an increasingly complex healthcare landscape have required us to make difficult decisions. However, despite these challenges, our commitment to providing high-quality, accessible care has remained unwavering. These economic pressures are not unique to us - they are being felt across the community health sector. This highlights the urgent need for continued advocacy to secure the necessary resources to sustain our services and meet the growing demand.

One of the most remarkable aspects of this past year has been the resilience and dedication of our staff, ably and professionally led and supported by our newly appointed CEO Trent Dean and the Executive Leadership team.

Our staff are the backbone of this organisation, and their tireless efforts have ensured that we continue to deliver primary care services to those who need them most. From our frontline workers, who offer compassionate care in challenging circumstances, to the administrative teams behind the scenes who ensure our operations run smoothly, the impact of their work is immense. Our community health programs, whether in mental health, aged care, disability support, or early intervention, are changing lives.

Importantly, health is not solely defined by hospitals; it encompasses a holistic approach that includes preventive care, community support, and the overall wellbeing of individuals and families in their daily lives. The stories of those we have helped are a testament to the dedication and professionalism of our staff, whose passion for making a difference drives everything we do.

As a Board, we remain fully committed to supporting the purpose and vision of our organisation. We will continue to work closely with our executive team to advocate for the funding and resources necessary to sustain and expand our services, ensuring that no one is left behind. Together, we are building a more equitable, healthier future for all those we serve, and I am confident that with the passion, expertise, and commitment of our staff and leadership, we will continue to overcome the challenges we face and make an even greater impact in the years to come.

**Ruth Davenport**  
Board Chair

# Message from the CEO



As we reflect on the past year, Gateway Health has navigated both significant achievements and considerable challenges. The demand for our services across North East Victoria and Southern New South Wales continues to grow, with more individuals, families, and communities relying on us for essential health and wellbeing support. This rising need is a clear indication of the social and economic pressures many in the region face, underscoring the vital role we play in supporting these communities during such turbulent times.

Rural and regional health and wellbeing present unique challenges and opportunities that require our unwavering commitment and innovative approaches. Geographic isolation often means that many individuals encounter significant barriers to accessing essential services, whether due to long distances, transport issues, or limited availability of local resources. These challenges can lead to delays in receiving care, compounding health issues that could have been addressed earlier.

Furthermore, the increasingly diverse and multicultural fabric of regional communities necessitates a tailored approach to healthcare delivery, one that acknowledges and respects the unique backgrounds, cultures, and needs of those we serve. In particular, we must advocate for identified priority populations as they often encounter systemic barriers that can exacerbate health inequities, leaving them more vulnerable in times of crisis. It is our duty to break down these barriers and pave the way for all individuals in our communities to access the services they deserve, ultimately fostering a healthier and more vibrant society.

I had the privilege of joining this exceptional organisation as CEO in March 2024, and from day one, I've been inspired by the unwavering dedication and passion of our staff. Their commitment to serving individuals and communities is evident

in every interaction, every program, and every initiative we undertake.

I would like to take a moment to sincerely thank our Board Chair, Ruth Davenport, and the Gateway Health Board for their steadfast governance, strategic direction, and ongoing support throughout this pivotal year. Their leadership has been instrumental in navigating the complexities and challenges we face as a regional health service. I would also like to acknowledge David Koschitzke, former Board Chair, for his invaluable contributions and dedication during his tenure, which laid the foundation for our current trajectory.

It is important that I also acknowledge and thank Leigh Rhode, our former CEO, whose leadership over the past seven years guided Gateway Health through a transformative era. I'd also like to extend my heartfelt thanks to Tracy McCrohan, who acted as interim CEO during this crucial period of transition, ensuring stability and continuity in leadership.

As we look ahead, we are more determined than ever to meet the growing needs of communities. With a focus on health equity, preventing illness, early intervention, and strengthening partnerships, we will keep advocating for the resources and support necessary to ensure that every individual in the region has access to the care they need to live healthier, more fulfilling lives.

Together, we will strive to create a more just and equitable healthcare system that truly serves the diverse needs of everyone in our region. By standing together and lifting each other up, we can make a profound difference - not just in the lives of those we serve, but in the overall wellbeing of our communities.

**Trent Dean**  
**Chief Executive Officer**



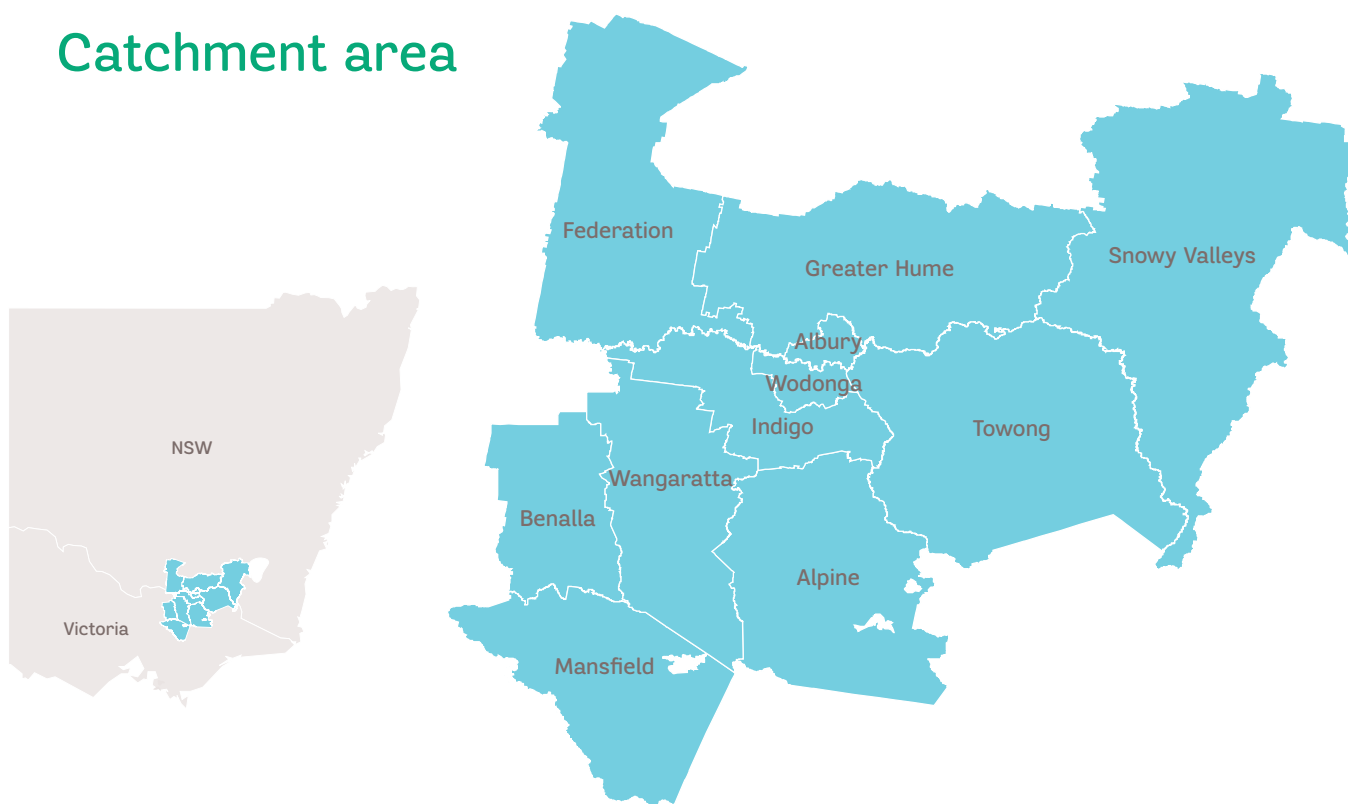


# About Gateway Health

# Introduction

Gateway Health is a leading, not-for-profit, charitable, community health organisation based in North East Victoria and southern NSW, dedicated to improving the wellbeing of our region. We provide a comprehensive range of services, from primary care and mental health support to community outreach and prevention programs, all designed to empower individuals and strengthen communities. Our focus is on delivering accessible healthcare for everyone, especially the most vulnerable, ensuring that no one is left behind. At Gateway Health, we're more than just healthcare providers - we're partners in building healthier, more resilient communities.

## Catchment area



While the region's population is mainly concentrated in the regional cities of Albury Wodonga and Wangaratta, many people live in smaller townships and in the hills and valleys of the surrounding areas, north and south of the Murray River.

Over the past 10 years, significant parts of the region have been impacted by drought, pandemic, and multiple natural disasters. These events have led to many changes in traditional economic and physical environments and opportunities.

Across local government areas in Gateway Health's catchment, populations are generally

predicted to increase by small to very small numbers with a larger proportion of older people. The cities of Wodonga and Albury are projected to grow the most.

Population groups within Gateway Health's footprint are diverse and widespread. Priority populations include First Nations peoples, rural people, migrant and refugee people, people with disabilities, LGBTIQ+ people, older people, young people, neurodiverse people, carers, people who have physical and mental illnesses and those that are at risk of illness. Many population groups have different levels of need, barriers to access, and lack of integrated service options.

# Strategic context



## Our vision

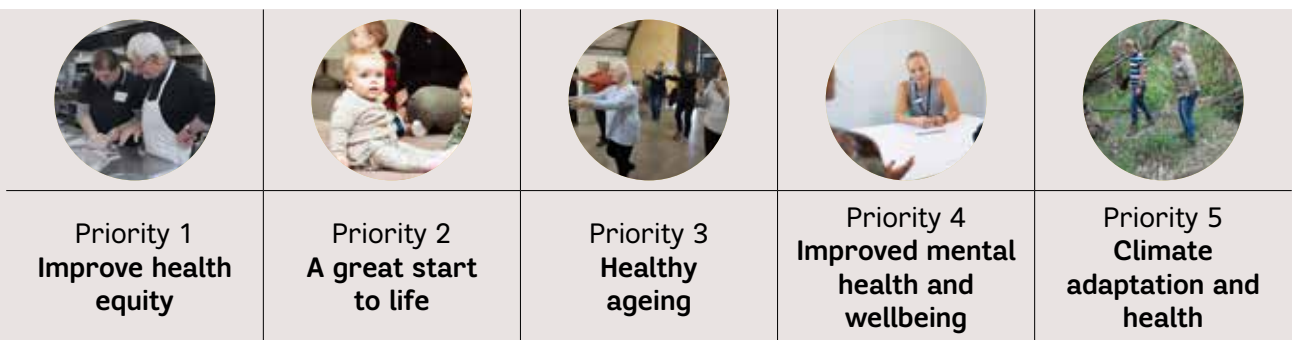
### People living well

Our vision is for people to live well across the lifespan.

## Our purpose

To provide care and services that connect the community and strengthen individual and population health and wellbeing.

## Strategic priorities



## Enablers



## Service snapshot



**25,001**  
registered  
clients



**6995**  
new  
clients



**891**  
young people  
supported  
through  
headspace



**115,000**  
contact hours  
across our  
programs and  
services

## Staff snapshot



**40** volunteers

**380** Gateway Health staff

**120** new staff joined Gateway Health

**600** hours of professional development

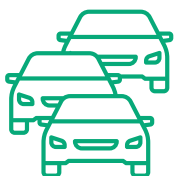
**100** staff undertook Occupational  
Violence and Agression training



**32** student placements

**11** education providers

**1073** placement days



**657,390** kilometres the Gateway Health fleet travelled

# Client snapshot



**13%**  
of clients born overseas



**24**  
languages spoken by our clients from more than **85 countries**



**4.5%**  
of clients identify as Aboriginal and/or Torres Strait Islander

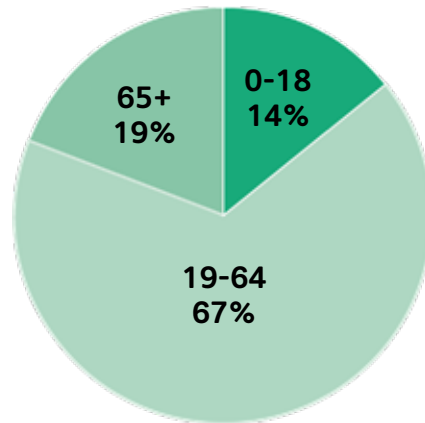


**17**  
key Local Government Areas in which our clients live

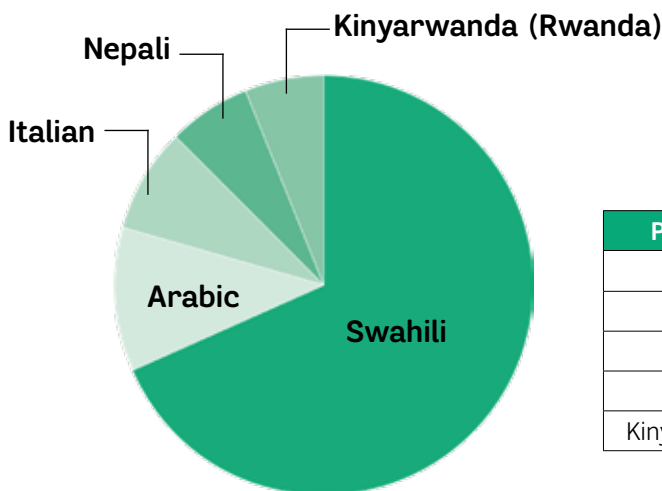
## Ages



Age at contact	Clients	% of clients
0-18	3571	14.28%
19-64	16,702	66.81%
65+	4728	18.91%



## Language



Primary language	Number of clients
Swahili	370
Arabic	60
Italian	44
Nepali	35
Kinyarwanda (Rwanda)	32

# Board of Directors

The Board operates under governance principles, which means that Gateway Health has an effective control environment in which business risks are properly identified and managed. This in turn gives us a clear operational framework through which the organisation will achieve its strategic objectives. Currently the Board of Directors is made up of community members who have been duly nominated and elected.



**Ruth Davenport – Board Chair**

Ruth is a resident of Markwood. She is a GAICD and prior to her retirement was a general manager for Mind Australia.



**Felicity Williams – Deputy Chair**

Felicity is a resident of Corowa and the CEO of Upper Murray Family Care, which provides support for children and families.



**Geoff Lowe – Treasurer**

Geoff is a resident of Albury and CEO of Proven Products, a specialist manufacturing company. Geoff is also a director of MTA NSW, Spirit Super and RDA Murray.



**Klaus Baumgartel**

Klaus is a resident of Beechworth and is recently retired from the position of Regional Coordinator of the NSW Industry Capability. He is also on the Board of the Murray Hume Business Enterprise Centre.



**David Koschitzke**

David is a resident of Albury and a Director of Harris Lieberman Solicitors Pty. Ltd.



**Dr Guin Threlkeld**

Guin is a resident of Ettamogah and the Head of Campus at La Trobe University Albury-Wodonga. Guin is a member of the Albury-Wodonga Health Human Research Ethics Committee.



**Megan Pearce**

Megan is a resident of Wodonga. She is a social worker who currently works at Junction Support Services as the Families Program Manager and lectures at La Trobe University.



**Michael Ferris**

Michael is a resident of Wallan. He is an accountant, GAICD and Principal of his accounting practice.



**Joy Hewitt**

Joy lives near Alexandra and is a pharmacist. She works with universities, research institutes and biomedical companies to commercialise their life sciences technologies. She is also a consumer advisor to Alfred Health.

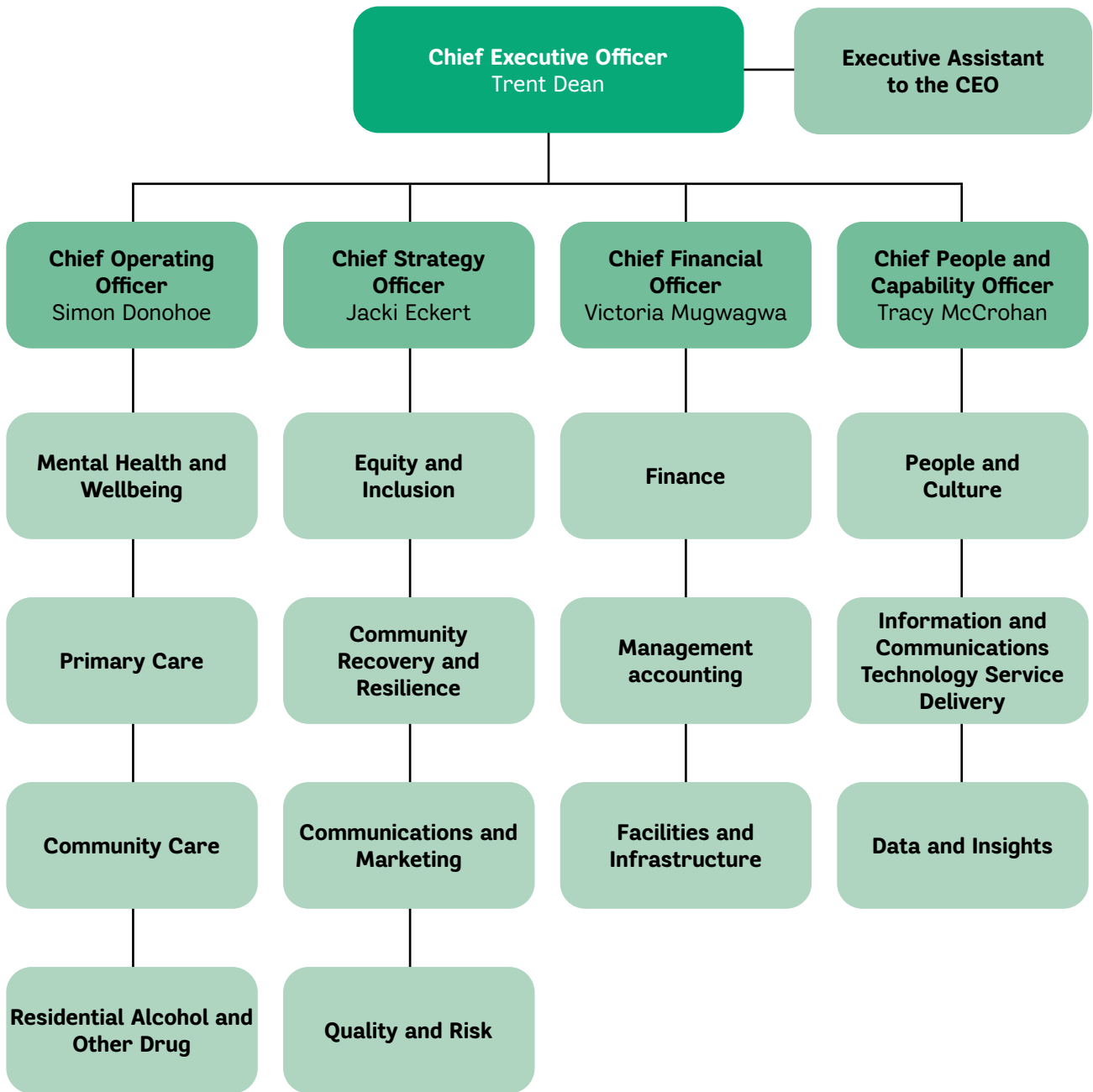


**Brent Quill**

Brent lives in Albury, is a Fellow Certified Practising Accountant (FCPA), and is the Finance Manager at Wodonga Council.

Note: GAICD - Graduate of the Australian Institute of Company Directors

# Organisational Structure







CP@clinic

Community  
Paramedic Clinic



HOW  
re and  
ments

**Executive  
updates**

# Operations

In recent years we have experienced changing economic environments and expectations on business performance and financial responsibility.

In 2023-2024, the Operations team focused on reaching a new level of maturity by improving business performance through the introduction of new and innovative services, enhanced business processes to drive improved management practices and reduce risks associated with underperformance, and seeking better ways to support staff.

Across the financial year, there were several new programs and innovations successfully introduced that provided improved service and longer term sustainability. The value delivered includes providing services where identified gaps exist, creating a more supportive environment for our existing teams, building a skilled workforce pipeline and creating a strong financial platform to support ongoing program viability. Examples are detailed below.

The Operations team, in partnership with the Finance and Data & Insights teams, has been working on improving access and transparency of the data required for effective business and program management over recent years.

This past financial year we have seen the benefits of this data coming together into the primary



**Chief Operating Officer**  
Simon Donohoe

database allowing managers to easily see how each program is performing and then manage their areas accordingly. This has also assisted the capacity of senior executives to effectively monitor and manage the risks associated with “unearned income” in line with the Australian Accounting Standards AASB 15.

Additionally, with improved business data access and transparency, the Operational management team is now working with greater confidence and significantly improving relationships with funding managers and other stakeholders in the region.

Finally, significant effort has been directed into ensuring the Operations team are being supported in the best way possible, to allow them to deliver the high quality services Gateway Health is known for. For example, the clinical supervision program has been updated with a revised policy, resources for staff understanding of the program, through to a user satisfaction and feedback survey.



**Medical practices:** The Primary Care team introduced mixed billing into the Medical Practices. This new billing method requires users of the service to be privately billed unless they hold a valid form of concession. While the private billing has been set at a moderate level, this has ensured the Medical Practices are delivered in a more sustainable way, increasing confidence and the ability to recruit and retain new GPs.



**Student-led Psychology Clinics:** With a combination of funding from a Commonwealth Government

grant via the University Department of Rural Health (UDRH) and Medicare Benefit Scheme (MBS) items, a Psychology Clinic was established in Wangaratta. The clinic, run by Provisional Psychology students supported by senior Psychologists, has a full list of clients and a waiting list. With the students completing a six-month rotation, three have stayed with the organisation (and subsequently within the region) to go on to completing a Registrar program.



**CP@Clinic (Community Paramedic):** A program that engages those who are disengaged from the healthcare system, CP@Clinic, created by McMaster University in Canada, is now available in North East Victoria. The CP@clinic program offers

## Deci-Belters Speech Pathology Singing Group



The Deci-belters therapeutic singing group was developed in 2023 to support clients who have a progressive neurological condition impacting their communication. Conditions can include Parkinson's Disease, Motor Neurone Disease and Multiple Sclerosis. The aim of the program is to explore alternative service options to improve the voice, communication, and quality-of-life (QOL) outcomes for persons with progressive neurological disorders.

Participants actively engage in the singing group, led by a Speech Pathologist. Well-known songs are sung in the group environment over a 10-week period. Through pre- and post-attendance assessments, participants were noted to achieve improvements within their voice measures and production. Further positive outcomes for the participants included an increase in their knowledge of voice production, improvement in the voice handicap index (a more positive self-perception of their own voice) and social connections and engagement with the other participants within the group.

This pilot program will now continue as a standard program within the Rural Health Speech Pathology team. It supports the strategic priority of Healthy Ageing and aligns with the strategic enabler of "improved consumer experience" through innovative approaches to the care of clients with neurological conditions.



a free health check by a community paramedic trained to assist people to manage their health outside the emergency setting. Delivering clinics in Wodonga, Corryong, Chiltern and Wangaratta, Gateway Health is planning to expand into other regional areas. This is a pilot project aimed at building a local evidence base that mirrors the Canadian experience and attracts sustainable funding.



**Hume Mental Health & Wellbeing Connect:** Based on recommendations from the Mental Health Royal Commission, the Mental Health & Wellbeing Connect centres have been established. Focused on supporting the carers of people living with mental health and people using substances, these

centres provide everything from a place to come for some down time, through to support to help find services and navigate their way through difficulties and challenges. Gateway Health have established centres in Wangaratta, Shepparton and Wodonga, and with an outreach service visiting different locations within the region.



**Alcohol and Other Drug (AOD) Traineeships:** A state government initiative which provides funding for organisations delivering AOD services to ensure a supported environment for new trainees to gain experience. This is another example of how Gateway Health is enhancing services while identifying new ways to recruit in areas where finding new and skilled staff is challenging.



## Rural Health Team Dietetics engagement within the Therapeutic Community

The Australian Institute of Health and Welfare reports people experiencing alcohol and other drug (AOD) issues face significantly higher risk of developing chronic diseases. Nutrition is often an underfunded and underutilised service in AOD services, despite evidence that a focus on quality nutrition prepares residents to function at a higher level in recovery - cognitively, physically, mentally and socially. Improving nutrition can make rehabilitation treatment more effective while reducing drug and alcohol cravings, which helps to prevent relapse (Grant et al, 2005).

In 2021, a Dietitian from the University of Canberra identified that there was little nutrition support including screening, education, and referral pathways for residents in the Therapeutic Community (TC). In 2024, students completed a nutrition analysis of the menu. While the menu was performing well overall, it was recommended that menu planning should be changed to involve dietitians. This would address nutritional gaps and provide nutrition education.

As a result, funding was allocated under the Early Intervention Chronic Disease for a program to work within the TC. Having place-based approaches,

where people live, can help address unique nutritional needs that people in AOD recovery face. The aim is to increase opportunities for TC residents to access nutrition services that enhance their recovery, prevent relapse and reduce their chronic disease risk.

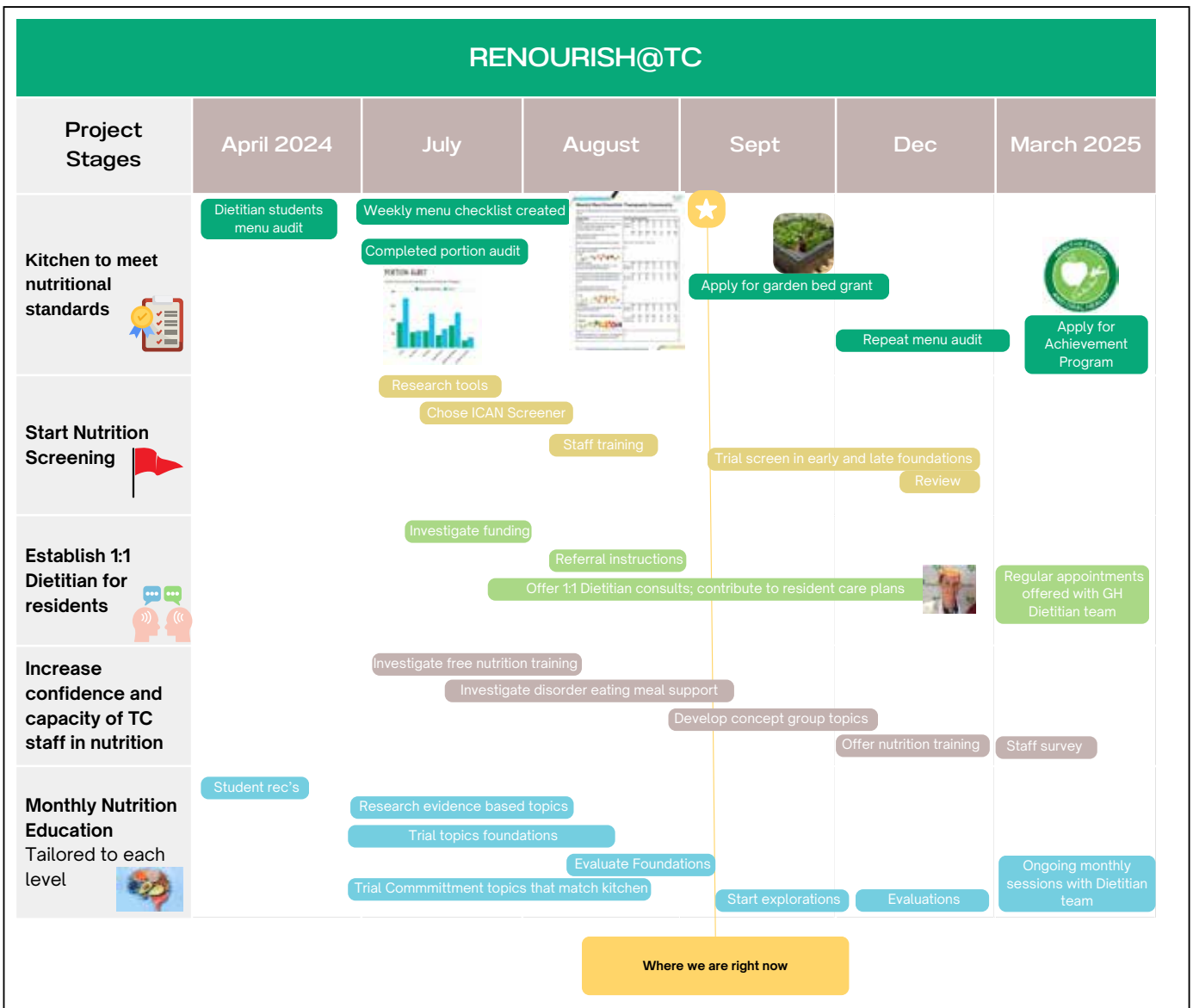
Chef Jenny and Dietitian Kathryn have been working to implement menu recommendations gradually, in combination with nutrition education sessions. Monthly nutrition education sessions have been tailored to residents' stage of recovery. Foundations level TC residents, who are first entering recovery, receive practical sessions on the role of nutrition, common body changes and food choices to enhance recovery. Commitments level residents who are further along in their recovery journey receive practical sessions on enhancing food literacy such as meal budgeting, planning food selection and cooking. Residents are now able to access one-on-one support from the Dietitian for issues such as malnutrition, nutrient deficiencies, chronic disease, and disordered eating.

This work will enhance the connection and integration between allied health, mental health and AOD services within Gateway Health.



*The aim is to increase opportunities for Therapeutic Community residents to access nutrition services to enhance their recovery, prevent relapse and reduce their chronic disease risk.*

## RENOURISH@TC



# People and Capability

## People and Culture

Throughout 2023-2024, the People and Culture team continued to focus on building a thriving, inclusive, and supportive workplace that aligns with our core values.

With 380 staff and 40 volunteers, our employees are at the heart of delivering high-quality health services, and we remain committed to fostering a culture where staff feel valued, empowered, and engaged.

## Employee Wellbeing and Support

Prioritising staff wellbeing remained a cornerstone of our strategy this year. We enhanced our mental health and wellness programs, increased access to clinical supervision, supported flexible work practices and wellness resources.

We have encouraged staff to regularly share their feedback through pulse surveys which evaluate the culture at Gateway Health through the perspective of our core values.

Two months were highlighted during the year – May focusing on individual health and October focusing on their safety and wellbeing.

In these months we offered staff a range of wellness sessions, shared resources, built connections through social engagement and reminded staff of the importance of their own self-care.



**Chief People and Capability Officer**  
Tracy McCrohan

## Occupational Health and Safety

Staff safety remains a key priority at Gateway Health. This year, we introduced a new Remote Safety tool in partnership with Smartrak, deploying sixty Remote Worker Devices that enhance workplace security for our field-based teams.

In response to the risk of Occupational Violence and Aggression (OVA), Gateway Health partnered with MOAT Mental Health Services to provide comprehensive OVA training to more than 100 staff members. This training was developed in alignment with the Department of Health and the Office of the Chief Psychiatrist guidelines, ensuring our team is well-prepared to manage challenging situations effectively and safely.

The success of these initiatives has drawn interest from other regional health services, including Benalla Health, Albury Wodonga Health, and Upper Murray Family Care. These organisations are keen to explore our approaches to OVA management and the use of Remote Worker Devices, reflecting Gateway Health's leadership and innovation in



## Health information team

**25** surveys developed to collect internal and external information, covering research, staff activity and client service feedback, evaluation



**92** clinical and business-related forms and templates digitised

- Successful implementation of My Health Record (MHR) with TrakCare integration enabling clinical staff to view the client MHR dynamically. This assists with the identification of client needs and improved clinical decision-making and reducing the need for clients to repeat their clinical history to numerous staff.
- Successful Trakcare upgrade to version 2023.5.
- 86 Trakcare digital training sessions and 22 in-person sessions equating to more than 170 hours of training
- Quality improvements projects that streamlined and optimised data collection and reporting.
- Monthly data reporting education sessions provided to senior staff.
- Expansion of the monthly data performance monitoring tool to include contractual information and risk funding recall based on activity targets achieved. This has assisted Executive and Senior Leadership Teams to identify areas of risk and track performance improvements throughout the year.
- Processed more than 40 subpoenas, 65 Child Protection requests, and 250 medicolegal requests for client information.
- Successful transition to Liquidfiles for confidential information exchange for Medicolegal requests.
- Presentation of monthly Privacy “Munch and Learn” sessions, alongside ad-hoc tailored privacy information sessions across services.
- Gateway Health representation at state and Commonwealth healthcare-specific and cross-industry partnerships and Communities of Practice.
- Attendance at education and training to keep up-to-date with the latest standards in information management, digital transformation, Artificial Intelligence (AI) in healthcare, and data privacy and security.



creating safer, supportive working environments across the healthcare sector.

### Leadership and Professional Development

Investing in our leaders and staff is critical to maintaining excellence in service delivery.

We launched the Gateway Leadership Framework, aimed at developing future leaders from within our organisation. We look forward to our employees taking up the options on offer which combines short courses, workshops, mentorship, and peer learning to foster leadership skills and career growth.

We actively promoted and supported staff in accessing professional development and study

opportunities, resulting in a year-on-year increase of more than 600 paid hours dedicated to participation in workshops, webinars, and external training and tertiary programs.

### Workforce Planning and Recruitment

As the demand for our services continues to grow, our workforce has expanded accordingly. We welcomed more than 120 new staff members across a range of disciplines, including both clinical and administrative roles.

Our recruitment strategy focused on attracting skilled professionals who align with Gateway Health’s values and mission, while also addressing regional workforce shortages through targeted



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recruitment campaigns and partnerships with educational institutions.

Additionally, our highly successful student placement program year on year has seen more than 30 placements with 11 providers resulting in several students from our Psychology Clinic, headspace, and Alcohol and Other Drugs program transitioning into staffing roles with Gateway Health.

### Employee Engagement and Retention

Our commitment to fostering an inclusive and supportive workplace has significantly strengthened employee engagement and retention.

Through enhanced mental health resources, focused Occupational Health and Safety initiatives, comprehensive leadership development programs, and strategic workforce planning, our People and Culture team has created an environment where staff feel valued, supported, and empowered and this reflects with our retention rates increasing over the past year.

Our People and Culture team will continue to build on the successes of this year by enhancing our wellbeing programs, expanding on our rewards and recognition program, and further developing our workforce capabilities.

We remain dedicated to creating a workplace culture that fosters collaboration, respect, and excellence in delivering healthcare services to our communities.

*My experience at Gateway has highlighted how rewarding client therapy work can be and definitely increased my interest in providing ongoing therapy work in the future.*

*The support for skill development and learning opportunities from my supervisor and the clinic team were exceptional. The team's fun, warm and inviting nature made even challenging aspects of client work feel achievable.*

*Handling clients' life experiences beyond my knowledge was challenging, but specialised teams and open discussions with peers and senior psychologists helped me navigate these situations effectively. This placement has developed my skills and knowledge in every way.*

**Alicia**

**Provisional Psychologist**



## Information Communications and Technology highlight



We have taken significant steps to bolster our cybersecurity framework by enhancing our firewall perimeter devices and introducing Microsoft 365.

These initiatives are designed to create a more secure and efficient work environment. By upgrading our firewall systems, we have improved threat detection and response capabilities, ensuring robust protection against potential cyber threats.

Additionally, the integration of Microsoft 365 not only enhances collaboration and productivity across our teams but also leverages advanced security features to protect our data.

Together, these improvements reflect our commitment to maintaining a secure digital infrastructure, empowering our workforce, and safeguarding our organisational integrity as we navigate an increasingly complex cyber landscape.

# Finance, Facilities and Fleet

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The Finance Department has had a pivotal year, marked by both challenges and significant achievements. Our commitment to rigorous financial management has enabled us to navigate the changing landscape in government funding, particularly as we adapt to recalls and adhere to the accounting standards that govern income recognition. It is important to note that the funding we receive has not kept pace with rising costs, presenting ongoing challenges for our financial planning.

We successfully implemented an advanced financial analytics tool that has enhanced our budgeting and forecasting capabilities by reviewing performance and financial impact, allowing us to provide more accurate and timely financial reports, facilitating better decision-making across all programs.

A recent procurement audit has been instrumental in identifying areas for improvement within our procurement processes. It highlighted opportunities to enhance vendor selection, address conflicts of interest and compliance monitoring. By addressing these areas, we aim to optimise our procurement strategy, ensuring that we not only secure the best possible terms but also foster stronger relationships with our suppliers. This initiative is expected to lead to better operational efficiency and alignment with best practices.

In fleet and facilities management, we are committed to ensuring the availability of a safe and mobile fleet that meets our operational needs.



**Chief Financial Officer**  
Victoria Mugwagwa

This year, we implemented a service desk digital ticket system for facility management, improving response times and tracking for maintenance requests. We have also prioritised upgrades to facilities and fleet with energy-efficient technologies to reduce energy consumption over the medium to long term. Sustainability considerations are now integral to all facilities and fleet functions, as well as minor and major capital works. This focus not only ensures long-term, cost-effective solutions but also helps us reduce our environmental footprint.

Looking ahead, we are committed to driving continued growth and innovation. We aim to leverage data-driven insights to inform strategic planning and explore new revenue opportunities and operational efficiencies. As we move into the next financial year, our focus will remain on ensuring financial resilience and supporting the organisation's overarching goals and support profit for purpose at every opportunity. We are excited about the challenges and opportunities that lie ahead and are dedicated to contributing to our collective success.

## Sponsorship

Gateway Health is a not-for-profit organisation which is funded from a variety of state and federal sources for programs, but we still need to raise money for innovative service delivery and to improve our equipment and facilities.

Gateway Health has started to focus on how we can better collaborate with community, corporate, industry and philanthropic partners to further our work in helping people to live well. We are grateful to the many organisations and community groups that were so generous and worked with us during this financial year.

Keeping people well, active, connected in their communities and out of hospital is often unfunded work. With the generosity of people and organisations we can develop resources and programs to undertake innovative or outreach work, or source equipment to ensure equity of service provision in rural communities. This makes a real difference to many people.

As a registered charity with Deductible Gift Recipient (DGR 1) status, all donations are tax deductible.

There are a number of ways that individuals, businesses, communities and philanthropic organisations can help Gateway Health make meaningful differences in regional and rural communities.

- **Corporate partnerships:** Becoming a strategic corporate partner of Gateway Health is an exciting opportunity to put your organisation's values and beliefs into practice. If you are passionate about supporting health and wellbeing in regional and rural communities, you can work with us to drive specific health-focussed projects and initiatives. Corporate partners work with us and contribute through a financial commitment which supports a specific priority theme, aligned with our Strategic Plan.
- **Donations:** This gift helps us budget and we can prioritise where donations are directed. Donors can also preference where they would like their gift to be used.
- **Bequests:** Arranging a gift in your will is a simple, yet meaningful legacy you can make to support our work.
- **In memory gifts:** Giving or donating in memory of a loved one is a special way to honour their life.
- **Donating equipment:** Our programs use everything from pencils to gym equipment. A list will be available on our website.
- **Volunteering:** A range of volunteering opportunities including community advisory panels, designing resources, helping in group support programs, community visiting and more.



# Population Health

The Population Health Team has experienced some changes and challenges while demonstrating strong outcomes in service delivery with a focus on equity, participation, health promotion and disaster recovery preparedness and response.

We have also matured and streamlined our quality improvement and risk management systems, ensuring strong clinical governance, safety and excellence in care.

Highlighted below are some wonderful innovative programs, projects and services delivered over the past year.

## Equity and Participation

Our Health Promotion team worked with Goulburn Public Health Unit on embedding evaluation to improve program planning and practice development. They also undertook positive partnership work in establishing community gardens, finalised the Deakin University RESPOND Research project - leading the way in community engagement to improve healthy eating and active living in Wodonga and Wangaratta. Gateway Health is a proud member of the Active Alpine Partnership which has set up exercise equipment and related education in three small towns in Alpine Shire. An added benefit from this work was the growth of self-sustaining social connection groups, helping



**Chief Strategy Officer**  
Jacki Eckert

address individual loneliness and improve overall mental wellbeing. This work was also presented at a national conference. The team also focussed on community activation through delivering a series of well-attended workshops on community advocacy.

The WayOut Wodonga program made significant progress in creating safer places and spaces for young LGBTIQ+ people through developing partnerships and collaborations across the community. The Pride Month Film Festival in Albury was a significant achievement with all tickets sold and very positive feedback given by those who attended. Another great partnership with WayOut Wodonga is with Victoria Police and their Latte with a LGBTIQ+ Liaison Officer project (Latte with a LLO). A safe space for individuals and service providers to come together with police and create relationships and pathways, improving equity and access.





## Strategic Engagement Coordination

The Strategic Engagement Coordination (SEC) projects focused on working with refugee and resettled multicultural communities and had a number of successful projects and partnerships. The benefits of funding for bi-cultural workers in community health was demonstrated over and over again. The SEC work culminated in a well-attended community summit. The summit included the presentation of significant data packs (available in the Knowledge Exchange on our website) and analyses to inform decision-making around service delivery, workforce development and equity of access for these population groups. It concluded with attendees being asked to make a commitment to continue working in partnership to meet the growing needs of these communities. The program also delivered significant cultural awareness and competency training to a wide range of sectors.

## Summit explores the challenges faced by migrants and refugees

Community leaders were urged to recognise the resilience, courage and tenacity of refugees at the regional migration summit held in Wodonga.

Gateway Health in partnership with the Department of Premier and Cabinet Victoria, hosted the Regional Migration Summit bringing together key representatives from the Ovens Murray region and beyond to collectively address the unique challenges faced by migrants and refugees settling in the region.

The summit was an inspiring event where we had a unique opportunity to hear about the many different experiences of migrants and refugees in resettling here.

One of the key messages was that successful resettlement is a health and wellbeing issue and how can those of us, in service delivery, ensure we are helping new arrivals feel welcome in our communities and not putting up barriers.

Topics discussed by attendees throughout the day included employment, skill recognition, transport, cultural impacts and cohesion and connection.

It followed presentations from Welcoming Cities exploring the data of local migration populations across the Ovens and Murray.

The data highlights key challenges faced by migrant populations with overseas-born women experiencing lower socio-economic outcomes



despite having higher education achievements and almost 300 people with a low proficiency in English needing assistance with core activities.

We heard about significant impacts and challenges faced by our multicultural communities and the discussion looked to possible solutions and actionable strategies.

It is recognised that there are some complex issues for vulnerable populations that require strategy across government and the sector.

We were fortunate to have local politicians and cross-border commissioners involved in the summit and certainly we will continue to work with them on advocating to ensure smoother pathways and positive outcomes for our recently settled migrants.

## Listening to Voices



Listening to Voices is an inspiring theatre production, complemented by workshops and resources, presented by people with living experience of hearing voices and their journey with our mental health system.

These dedicated performers presented to a wide variety of community audiences for awareness, to groups of health under and post

graduate students and to practicing clinicians for professional development.

A highlight was a performance to an audience of 1000 people in Melbourne, with feedback stating people felt participation had literally changed their lives and the way they will work.

The group is still performing on request. Find out more at the website [listeningtovoices.org.au](http://listeningtovoices.org.au)

### Communication, Marketing and Engagement

Our team have developed interesting and engaging digital media, supporting community engagement, program promotion and resource development across the organisation. We have commenced significant work in creating value from community engagement and working with target population groups. The work of this team enables us to meet our strategic priorities, creating growth and diversification opportunities from our increasingly recognised brand and profile.

We have a strong focus on building upon what we have achieved this year, telling more stories of who we are, what we do – and what we can do, through the innovative work our passionate and committed staff do with clients, communities and partner organisations.

### Quality and Risk Management

Gateway Health proudly achieved accreditation against the National Safety and Quality Health Service Standards, the Mental Health Standards

and Rainbow Tick Standards this year. An incredible effort from all staff led by the innovative Quality and Risk Team. The annual Quality Awards were awarded to five innovative projects from across the organisation reflecting the Dimensions of our Quality Framework – Safe, Effective, Equitable, Person Centred and Connected.

All Gateway Health programs seek feedback from clients, carers and families in order to improve and continue to grow services. Clients are at the centre of all we do and we appreciate the considered feedback received. New feedback methods have been introduced this year with electronic kiosks established at two sites with more to follow. The majority of responses to complaints and suggestions for improvement have been addressed within our 30-day timeframe, and improvements made in response. These include a new model of care trial, co-designed community activities, changes to making appointments, and from consultation with user groups - commencement of a revamp of our Wodonga site entrance and consulting rooms.

## Community Recovery and Resilience Program

The work to support individuals, families, businesses and communities affected by the 2020 bushfires, 2022 flooding in Victoria and NSW and the Falls Creek landslide was continued by the Community Recovery and Resilience (CRAR) team.

This work was affected by severe storms experienced within the region in early 2024.

The CRAR team have exemplified excellence, adaptability and persistence in a poly disaster environment for over four years, as have the individuals and communities they have been working with.

Almost 800 individuals have been supported

including their family members, many across more than one disaster.

The team identified a need to increase assistance for people in preparing for disaster, and have developed resources and training to assist individuals and organisations.

The need to upskill workforce across many sectors to become aware of the impacts of trauma and how to work with and support people in recovery, has also become clear.

A suite of training and support options has been developed and been well-received by a variety of people and groups working across the recovery sector including trades, clean-up crews, local government staff and volunteers.

## Leader in trauma awareness training for workers

In early 2024, the manager of Gateway Health's CRAR program was invited to provide training in trauma awareness, trauma informed care, and vicarious trauma to Recovery Support Workers and trade representatives from around Victoria, at the Resilient Repair and Rebuild workshops series, delivered across Victoria.

At one of the workshops, after a session dedicated to working with tradespeople in disaster recovery, one of the trade representatives approached the CRAR manager offering thanks for shining a light on the stresses faced by tradespeople. In both in disaster recovery, and in their day-to-day work tradespeople can be exposed to confronting situations that include injuries to colleagues and even death. The trade representative stated that many companies did not have the money for formal employee assistance programs, or really understood the need for mental health and wellbeing support.

They shared stories of their experiences working as part of a disaster clean-up crew and how, at the time, the work hadn't affected them too deeply. It had been challenging and emotional but they had been able to sleep at night. Then, a year later, the nightmares began.

The nightmares continued for months and were quickly accompanied by almost constant flashbacks every day. They eventually found help but by then had developed post-traumatic stress disorder and needed to leave the job they loved. They stated:



“If someone had talked to me about all of this beforehand and been checking in on me, me and a lot of others would be in a better place right now”. They went on to say: “The big takeaway for me today has been that there is help and you can work through it all, but a lot of us, we need helping finding help”.

Disasters are confronting but so is recovery. Education in trauma, and simple strategies that help a person process their experience can be a game changer for many.

# Partnerships and Collaboration

Effective partnerships, shared information and strong collaboration regardless of sector, underpin our strategic priorities and future growth.

This is complex and often unfunded work, but addressing social and environmental determinants of health that lead to inequity and illness is critical to making change.

This year saw the continuation of current and development of new partnerships and relationships.

As we continue to work to meet identified need in communities, we are grateful to the many individuals, agencies and stakeholders that are willing to think and work differently, build those strong relationships, advocate for communities and come on the journey with us.

## Ovens Murray Mental Health and Alcohol and other Drugs Alliance

The Ovens Murray Mental Health and Alcohol and other Drugs Alliance (OMMHADA) brings together

agencies from health and community sectors to develop and embed integration at a systems level, from prevention of illness to hospital care.

It also provides a platform for shared advocacy on issues impacting mental health and wellbeing in the Ovens Murray area.

## Recovery Network and Protocol

In collaboration with Indigo Shire Council, a Recovery Network and Protocol was developed to enable a coordinated recovery response to the next disaster.

Led by Indigo Shire, key agencies currently working in recovery meet regularly to ensure relationships and pathways are in place, before the next disaster hits.

A protocol for working together enables a timely, place-based and coordinated recovery response through local government.

**Albury Wodonga community leaders united during Pride Month to show their unwavering support, proudly standing with the LGBTQIA+ community.**





## HALO

The successful HALO (Holistic and Legal Outreach) Health Justice Partnership Program with Hume Riverina Community Legal Service (HRCLS) has been in place since 2015. This collaboration provides an integrated model of free and confidential legal information, advice and assistance to clients of Gateway Health.

HALO works to address intersecting health and legal problems faced by members of our community. Lawyers work on site at our Wodonga, Wangaratta and Myrtleford offices and at the Wangaratta Therapeutic Community.

The shared client-centred service builds capacity for sustainable change and transdisciplinary care across health and legal sectors, crucial to improving health and wellbeing outcomes for many.









Kenneth

# Strategic priorities

# Improve health equity

Gateway Health will work closely with partners to improve access to healthcare for people and communities wherever we provide services, particularly for those that currently face the greatest health challenges.

Gateway Health seeks to strengthen community connection and engagement across all services and programs. This is important in improving individual health and wellbeing, and the overall resilience of the diverse communities in the region. Individuals and communities are informed, are able to access the help they need and feel confident to do so.

<b>Objective</b> 	People with the greatest health inequity have better access to health and wellbeing services across the region
<b>Strategies</b> 	<ul style="list-style-type: none"><li>• Create and strengthen service access through partnerships with the people, and in places, where Gateway Health can have the greatest impact</li><li>• Introduce new models of care that make it easier to access and navigate services</li></ul>

## Personal Alarm Clinics

Post-COVID-19, the Rural Health Team’s occupational therapists experienced high demands on their Commonwealth Home Support Packages (CHSP) service. With the waitlist growing, strategies needed to be developed to support the demand on the service.

Building connections with Gippsland Lakes Complete Health services was an imperative step in supporting a review of the Occupational Therapy (OT) team.

Gippsland Lakes had experienced similar demands and had developed a model of care that supported referrals where clients were seeking a personal alarm.

Engagement with Gippsland Lakes identified the personal alarm clinical model was a viable strategy that could also be introduced within the Gateway Health OT team and support the needs of our communities.

Personal alarm clinics were established within Gateway Health’s Wangaratta and Myrtleford locations, where clinicians were able to streamline the process of supporting clients to complete the appropriate paper work, choose a personal alarm



and be educated on how it would operate within their home. A visit at their home was also scheduled to troubleshoot any concerns after the client had their alarm delivered.

The Personal Alarm clinics embeds the strategic enablers of exceptional consumer experience and strong financial management as it provides a streamlined, cost effective model for clinicians to support multiple clients within the same area, while also meeting the needs of the clients and reducing their wait for a service.



## headspace introduces new supports to help young people in the ‘here and now’

headspace Albury Wodonga and headspace Wangaratta responded to feedback from young people and our community, introducing a change to our model of care that has reduced our average wait for first face-to-face service from six months down to three to four weeks.

The overwhelming theme from feedback from Young People in our communities was that they wanted timely and responsive access to face-to-face support. We reviewed the best evidence-based practices and consulted with headspace centres across the country about what has worked for them and made the decision to provide face-to-face “Here and Now” sessions at our local headspace centres as our very first step in the therapeutic pathway.

Young People who seek support from headspace centres are now offered timely access to an extended (1.5 hour) therapeutic session in person with a headspace clinician. They access support, advice, and information about what is impacting them in the here and now, with a focus on what they would like to achieve in that moment.

Together with their clinician, at the end of that session they are supported to decide what the next best step in their journey is – whether that is a pause to try out the strategies they’ve learned, knowing that they can come back for another session at any time; support with referrals to the services best positioned to help support in their situation; or an internal referral for counselling within our headspace team.

### Success measures

Our six-month review of the Here and Now program found it achieved all desired outcomes, including the following.

- Reduced wait time to first face-to-face service
- Increased wellbeing and capacity to cope whilst waiting for counselling
- Reduced number of young people requiring ongoing counselling
- Increased variety of clinical work across the clinical team
- Young people are supported to address smaller and immediate issues before they become big issues
- Provision of high quality, evidence-based interventions
- Young people are more open to closing their care with headspace, because they know they can come back at any time with very little waiting time
- Young people show more readiness for therapy once commencing counselling
- Staff are more satisfied with their role and the service they are providing

## A great start to life

The importance of the early years for children's development and continued success over their lifetime is key to a great start to life. Inequity can stand in the way of parents providing their children with the support they know their children need.

Gateway Health will work with its partners to bring together and coordinate a continuum of support to address the health and non-medical factors that young children and families face from pre-conception, through to pregnancy and the early years.

### Objective



To support children to have a positive life trajectory

### Strategies



- Establish a Child and Family Hub
- Increase access to ante-natal, paediatric and developmental assessments and support
- Support families and communities directly or through partners to enable families to thrive

## Walking together beside expectant mums

Working together, the Endorsed Midwife Care Program (EMCP) and Healthy Mothers Healthy Babies (HMHB) program provide a holistic wrap-around service that supports people during their pregnancy journey. This combined primary health care model of pregnancy care provides personalised clinical and social support to families, many with complex needs, as they navigate the Australian mainstream maternity system.

In particular, these two community-based health care programs strive to provide culturally safe care to culturally and linguistically diverse (CALD) clients. For example, a young pregnant client, who had recently arrived in Australia to be with her husband, was quickly linked in with both programs. Our Endorsed Midwife (EM) who is also a Nurse Practitioner (NP) was able to commence providing comprehensive continuity of midwife care despite the client not having a Medicare card.

This client was non-English speaking, so appropriate interpreting services were used to share pregnancy information, particularly with regards to the Australian context. Both programs have been supported to learn some Swahili words and phrases commonly used during pregnancy care. Sharing knowledge between the care provider and client can be very empowering for the client and facilitates trusting relationships.



This pregnancy journey was to become complicated for this young family and a tertiary scan was required during the antenatal period. Our EM was able to attend to this referral and the HMHB program was able to coordinate the logistics behind getting the family to Melbourne, as well as finding their way around a busy metropolitan hospital.

The birthing journey for this family was unfortunately also complicated, resulting in confusion and anguish. This set the scene for their postnatal trajectory, which was difficult as well for both mother and baby. Having established a rapport

# Mobile Bus Art Workshops

RESPOND is a shared community approach to healthy children. This project is one of many community-led projects developed to support children’s health and wellbeing that came out of the RESPOND Community Workshops hosted throughout 2023.

The aims were to support, encourage and promote the sourcing of recycled materials; develop workshops for children that place an emphasis on creative reuse and fostering a sense of imagination; and, show children that opportunities for art-play or nature-play are all around.

Four workshops were held in Outside School Hours Care (OSHC) settings at schools within the Rural City of Wangaratta.

Here, children had the opportunity to get creative



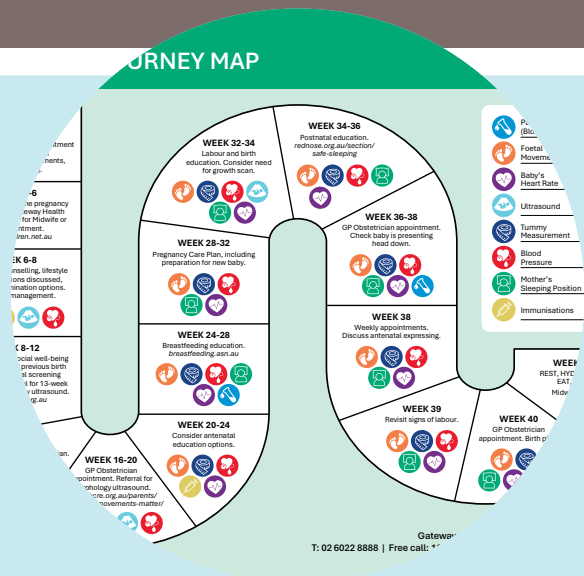
using recycled materials to foster their sense of imagination and build social connection to support their health and wellbeing.

The partnership group worked together to develop content ideas, source materials and host the workshops. These were held in small rural areas and so were more accessible for isolated communities.

They were well attended and students were shown to be creative reusing recycled materials in unique ways.

The Endorsed Midwife Care Program and the Healthy Mothers Healthy Babies Program ensure best practice maternity care. These programs, work to address the unique needs of our diverse regional community. These programs are built on person-centred continuity of care, and underpinned by a social model of health. This involves integrated, coordinated, multidisciplinary care, that is facilitated by open referral pathways and continuity of care. The Endorsed Midwife Care Program and the Healthy Mothers Healthy Babies Program at Gateway Health ultimately empower participants to safely navigate the complex birthing system, resulting in positive pregnancy experiences.

Earlier this year we developed the Gateway Health, midwife-led pregnancy journey map to better support clients throughout their pregnancy, and improve health literacy.



*During my pregnancy and six weeks postpartum I worked alongside the EM and HMHB co-ordinator. They were amazing throughout the whole process, providing important information, being patient, taking time throughout appointments, listening to my concerns and providing advice, guidance and all together being very support. They are both very welcoming, friendly and create a very safe environment.*

with the two Gateway Health pregnancy programs during the antenatal period, both the programs were able to provide ongoing, personalised care during a time when becoming parents for the first time should be joyful.

A multidisciplinary team approach was required for this family, which was coordinated by through both Gateway Health programs. Services such as the medical practice and refugee clinic, dietitian,

physiotherapy, GP obstetrician, tertiary hospital, Albury Wodonga Health maternity, paediatrician, enhanced maternal and child health nurse, lactation consultant and the Mothers and Babies Unit were all required to provide input. The partnership ultimately resulted in a safe, positive pregnancy outcome, as well as a safe space for the family to debrief and process their complicated pregnancy journey. This was all done without any financial burden to the family.

# Healthy ageing

Gateway Health is invested in keeping people in our region healthy and in their community as they age.

This includes having partnerships and affordable services in place that support emotional and social wellbeing, connection and activity, and enable health and other wellbeing risk factors to be identified and addressed early.

Gateway Health will ensure digital literacy supports choice, participation and accessible services for people as they age.

Increased intergenerational approaches will ensure the ageing population and diverse communities continue to feel valued and engaged, and their knowledge, experience, and support, are able to transcend generations.

<b>Objective</b>	Individuals are living well for longer and enjoying life as they age
<b>Strategies</b>	<ul style="list-style-type: none"> <li>Expand services for older people aimed at reducing the risk of functional decline</li> <li>Keeping people well at home and in their community</li> </ul>

## Foot Care Clinic



Gateway Health Podiatry experiences a high volume caseload and referrals to the program. It has identified that some of the clients referred to the program had no significant risk to their foot health status, though were unable to perform basic foot care.

A review of the program determined that an allied health assistant (AHA) model could be reintroduced within the Podiatry team to allow an AHA Foot Care Clinic to be developed. The aims of the clinic are to support clients within the community that required basic foot care and reduce this cohort of clients on the Podiatrist waitlist (allowing them to see complex clients) . Developing a model of AHAs within the Podiatry team also allowed the AHAs to undertake sterilisation of the equipment, reducing this role for the Podiatrist.

Two AHA clinicians completed the appropriate training were supported to complete the appropriate training at an external facility, plus an in-house competency package. AHA staff were then supervised, starting with shadowing, and then supervised practice, to be able to competently provide basic foot care and processing of reusable equipment.

The Foot Care Clinic now runs twice a week with people referred by the Podiatrist after an assessment and review of the person’s needs to ensure they are appropriate for the clinic.

This has reduced the waitlist and allowed for more time for Podiatrists to spend with clients who have conditions that put their foot health at higher risk, and to complete appropriate assessments and documentation

The Foot Care Clinic meets the strategic priority of Healthy Ageing and supports the strategic enabler of strong financial management as it allows for a cost-effective model for clients who require basic foot care to receive a service whilst enabling the Podiatrist to support clients with complex care needs.



## Friday Lunches

Prior to 2020, Active Rural Community (ARC) delivered social lunches. The programs were very popular among clients and provided a longer social day care model in the programming. However, with the onset of COVID-19, classes were shortened and spaced out to allow for infection control measures.

As the wider community adapted to living in a post-pandemic world, clients were requesting a return to more socially oriented gatherings including lunches and outings.

Aligning with the strategic priority of Healthy Ageing and evaluating the program from client and carer feedback, the ARC team collaborated to determine how program delivery could further support their aim of increasing social connections within socially isolated people within the Wangaratta community.

Program delivery was adapted to increase length of classes to include a morning and afternoon tea and provide an overlap time between classes to enhance the number of clients who were engaging in social connections. A social calendar was developed to include monthly mystery bus tours, visiting local community events and Friday social sessions became flexible to support clients to participate in the full day or events of their choosing. Partnerships were developed with the local GOTAFE Hospitality department to prepare affordable meals for the Friday lunch social group and social outings included attending the GOTAFE Restaurants to support the learning of the apprentices.

The review of the ARC program contributes to the strategic enabler of exceptional consumer experience and engagement as the improvement of the programs was developed from client feedback. The model further supports the strategic enabler of strong financial management as the ARC groups full met their annual (Commonwealth Home Support Program (CHSP) and Home and Community Care Program for Younger People (HACC PYP) funded activity targets.



# Improved mental health and wellbeing

Gateway Health’s approach is consistent with the Commonwealth’s 2030 Vision for mental health and suicide prevention which is focused on local community solutions, connected and easy to navigate services.

Ongoing investment in prevention of illness, prevention of harm and early intervention is key to making a lasting impact.

Connecting services will require greater integration between alcohol and other drugs (AOD), mental health and family violence; and, embedding the knowledge, insights and experience of those with lived and living experience into service design and delivery.

<b>Objective</b>	To create with local partners the conditions in the region that support the mental health of people in our communities so they can thrive
<b>Strategies</b>	<ul style="list-style-type: none"> <li>• Build the capability within communities to better manage stress and strengthen mental health protective factors across the lifespan</li> <li>• Use local knowledge and networks to bring community-based mental health reforms to life</li> <li>• Design, implement and evaluate an integrated AOD, mental health, and family violence, response</li> </ul>

## Back on the path to independence

The Head to Health program supported a female in her early 40s with previous diagnoses of borderline personality disorder, bipolar, Aspergers, depression, anxiety and likely intellectual disability.

She had a long history with area mental health services and the introduction of the National Disability Insurance Scheme (NDIS) resulted in a reduction of her previous support services.

This participant had experienced immense difficulty acquiring supports through the NDIS due to challenges in providing the evidence required. This was in part due to finances being a barrier to access the assessments to demonstrate the need for support.

The recruitment of a Provisional Psychologist resulted in Head to Health being able to provide improved mental health and wellbeing support and offer a variety of free assessments that would otherwise cost thousands of dollars.

The Provisional Psychologist was able to administer both the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS – IV) and the Vineland Adaptive Behaviour Scales – Third Edition to establish level of intellectual functioning and overall functional

Head to Health started in September 2020 to support people with their mental health during COVID-19. Head to Health provides support to people of any age within 100km of Wodonga. It aims to increase the numbers of people accessing supports for their mental health, provide positive outcomes, reduce referral and readmission of people to emergency departments and mental health services and increase conjoint service and treatment planning.

capacity and support requirements for the purposes of informing a NDIS application.

Key stakeholders such as Albury Wodonga Health were also approached through several means to obtain past previous medical history to serve as evidence for an NDIS application.

Through the assistance of Latrobe Community Health service, the participant has been successful in obtaining an NDIS package that will assist her to maintain her independence and health within the community.

## Using tapping in the counselling journey

Sally\* requested generalist counselling, after a near-accident involving her son when he was almost hit by a car because the school gates did not appear to have been closed properly.

Sally attended her first session very stressed that her son could have been in a fatal accident and extremely anxious that her son might run out of school again (this was the second time this had occurred) and be hit by a car.

Following this incident, Sally kept her son home from school for a week, until the school assured her their gates would remain closed.

Despite this assurance, once her son returned to school, Sally's anxiety persevered, causing her to frequently not only check her phone but also check whether she had phone reception, while she was at work, to see if the school had rung her again, which made it extremely difficult for her to concentrate and focus at work, and very difficult for her to sleep at night. She also felt exhausted because of her nervous system being so highly overactive all the time.

To address Sally's anxiety, we introduced the idea of doing clinical Emotional Freedom Techniques (EFT) tapping, which is in evidence-based stress reduction technique.

EFT tapping involves tapping on specific acupressure points on the face and upper torso, which sends a calming signal to the stress centre of the brain, while talking about a negative or stressful experience. It is a safe and gentle way of processing stressful or traumatic experiences and is faster and more effective than traditional talk therapy such as cognitive behavioural therapy.

Sally was open to using EFT tapping, so we established her counselling goal, which was to reduce her anxiety that something bad would happen to her son while he was at school.

After only two EFT sessions focusing on this topic, Sally's anxiety about her son dying at school reduced significantly. Sally still felt a bit anxious about sending her son to school but this was now for other reasons.

The reduction in Sally's anxiety also resulted in her reducing how often she checked her phone/reception from multiple times a day to once a day,



improved her concentration and focus at work and enhanced the quality of her sleep.

We also addressed Sally's guilt that she caused her son to have autism, which originated from her using anti-depressant/anti-anxiety medication during her pregnancy, despite her doctors denying any related association.

After just one EFT tapping session on this topic, Sally no longer blamed herself. This helped Sally to improve how she cared for her son during his meltdowns and also improved his emotional regulation. This also enabled Sally to be more accepting of the fact that her son has autism.

Following six counselling sessions (including three EFT sessions), Sally no longer felt anxious that her son was going to die at school and she felt more accepting of the fact that her son had autism and didn't blame herself.

Sally also felt like she was back to her "baseline" emotional state, having achieved her counselling goals as well as experiencing further positive changes, which was a huge relief for her.

Sally was impressed at how effective EFT tapping was in quickly and easily improved her mental health and wellbeing, especially regarding such a significant topic involving her son's safety and diagnosis.

\*Sally is a pseudonym.



## headspace Albury Wodonga unveils new mural

In February, headspace Albury Wodonga unveiled a vibrant new mural in the Wodonga centre, a collaborative effort by headspace Albury Wodonga, headspace Wangaratta Youth Reference Group, and the Albury Wodonga Aboriginal Health Service Future Proof Crew.

The event, held at the headspace Albury Wodonga centre, brought together community members, project leaders, and youth contributors to celebrate the culmination of months of creativity and collaboration.

The mural, symbolising hope, resilience, diversity and recovery stands as a visual representation of the ongoing commitment to mental health and wellbeing within the community.

It reflects the unity, transformations and creativity of young people in the community. The mural serves as a powerful representation of the diverse experiences and challenges faced by young people, ensuring that any young person who walks through the doors of headspace will find aspects of their journey reflected.

This artwork not only beautifies the space but also reinforces our commitment to creating a safe and welcoming environment where every young person can feel understood and supported.

*“It is our hope that each young person that walks though these doors is comforted and inspired by this collaborative work of art. That everyone is able to draw their own meaning from any element that speaks to them. If even one person enters this room and takes a piece of hope or inspiration with them, then this mural is a huge success. It has been such an honour to be part of this project.”*

**Chelsea Goldsworthy**  
Youth Reference Group (YRG) member

## Katie's story Navigating the Revolving Door of Recovery

I'm sharing my story for you: the one who's had a rough week, the one weighed down by a heavy burden, the one uncertain about how much longer you can hold on, and the one fighting to recover. My recovery journey has often felt like a revolving door, an endless cycle that never seemed to stop, but I want you to know that one day it will.



Choosing to fight for recovery was and still is the hardest decision I've ever made. Recovery is a complex path. Some days, you'll find yourself with all your strength dedicated to the battle, journaling, being active, attending therapy, confronting your fears, and even managing to shower. But on other days, no matter how hard you try, you can't seem to get out of bed, feel completely hopeless, and don't want to help yourself. It's important to understand that even on those days when you can barely hold on, you're still fighting to recover.

I've endured many traumatic experiences throughout my life, which have taken a toll on my mental health since I was just 7 years old. Now, at 18, I'm in the midst of my recovery journey. I intimately understand what it's like to be consumed by my mental health struggles.

People often say you can only help someone if they want to help themselves. While this statement isn't entirely false, I want to challenge it. It might be more challenging and take longer to assist someone with this perspective, but having someone hold onto hope for you can keep you going longer than you might think. Deep within you, there's something in this world worth liking that can keep you afloat. I know this because I had given up on myself. I had lost nearly everything I had worked so hard for, stopped attending school, had to quit my job, gave up sports, and believed I couldn't maintain friendships (or so I thought). What keeps me going during the times when I don't want to recover is my connection to my friends and some family. They hold out hope for me because sometimes I have none left for myself. They can't fix me, but their unwavering hope helps me find a tiny spark within me that I want to recover.

As I mentioned earlier, recovery is a journey; for me, it often feels like a revolving door. Through therapy and hospitalisations, I've come

**In the lead-up to headspace day 2023, members of headspace Albury Wodonga Youth Reference Group (YRG) shared their personal journeys with mental health, navigating life and schooling as young people. Now on their journeys to recovery, they are using their lived experiences to provide vital support to the region's young people and break the stigma surrounding youth mental health. Their goal is to help young people understand the value of resilience and to inspire a different outlook on life's challenges.**

to understand that what truly matters are the things that give life meaning. I value helping people and aspire to positively change the mental health system, even if it benefits just one person. This realisation has become my motivation to focus on recovery because I know that staying in this world and helping even one person is far better than causing harm to those who care about me.

Today, I'm trying to learn how to fight for myself and hold onto hope for myself. On those challenging days when I can't get out of bed and neglect self-care, I challenge myself. I'll eat something in bed, engage in a puzzle, or simply moisturise my face. I do something small to care for myself and remind myself that it's okay. Recovery is physically and mentally exhausting, and it's perfectly fine to take a break from the world and recharge.

About a month ago, I experienced one of the best moments I've had in a long time. However, as I've mentioned, recovery isn't linear. I walked into school one day only to discover that people had been bullying me. Bullying has been a recurring issue throughout my schooling, and the hurtful comments hit me hard. Despite some people in my school knowing parts of my story, they still made these comments, causing me considerable distress. These same hurtful comments are prevalent on social media and so-called 'recovery' accounts that glamorise mental health using insensitive language like 'grippy sock vacation.' It's important to remember that such comments can invalidate and hurt people. To cope with these comments, I've chosen to raise awareness of the reality of mental health on social media.

Recovery is undoubtedly challenging, but what has made the biggest difference in my journey is discovering the things I value and using them as motivation to take small steps toward my goals.

# Climate adaptation and health

Gateway Health is committed to building strong relationships with local governments, actively contributing to broader community discussions, partnerships, planning and action on climate change; and supporting preparedness for emerging health threats and impacts. Our leadership in trauma-informed local disaster recovery response, and development of streamlined referral networks strengthens community resilience and preparedness between disasters, and helps address the trauma that accumulates with each event.

Gateway Health is committed to supporting our staff to help us reduce our environmental impact, including innovation in how and where our services are delivered, how we use our facilities and supporting activation of green spaces for better health outcomes.

<b>Objective</b>	To actively support the community to take positive action in the preparedness and recovery from climate events that impact health and wellbeing
<b>Strategies</b>	<ul style="list-style-type: none"> <li>• Further develop models to address the impacts of climate change on health and wellbeing</li> <li>• Be leaders in Community Recovery and Resilience</li> <li>• Continue to build an environmentally sustainable Gateway Health</li> </ul>

## Strategic inclusion recognises health impacts

Climate change was added to our Strategic Plan for the first time in 2023-2024.

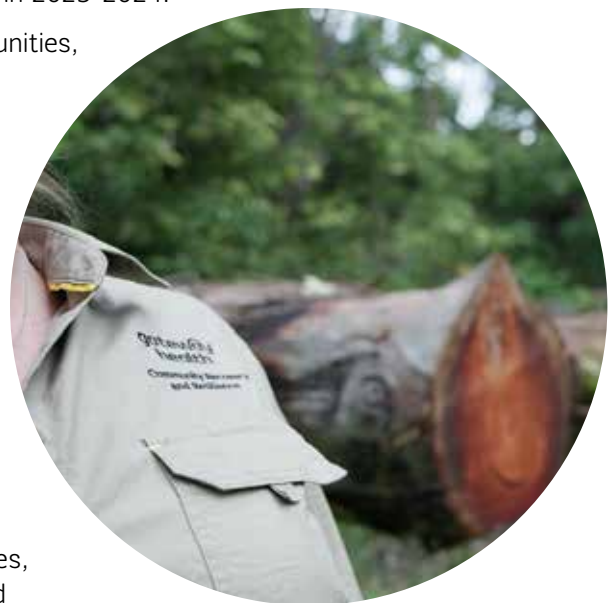
The impacts of climate change on the health of individuals, communities, the environment and the local and broader economy, especially in regional and rural areas is already apparent. As the oceans and planet continue to warm, changing and extreme weather events will continue to impact the region.

Preparedness and planning for individuals, communities and business to manage disruption due to climate events is vital. We know that disaster shines a spotlight on inequity and that the need to support people and communities before and in-between events is critical. Valid psychological responses to climate issues such as anxiety, guilt and burn-out occur in a number of age groups, but particularly young people, and also with staff.

Gateway Health has been a leader in disaster preparedness and recovery across Victoria and into southern NSW, providing services, training and programs to individuals, communities, businesses and agencies who were impacted by different climate related events.

During the financial year, the CRAR Team were often managing recovery support across up to five events at the same time.

Also important, is actively working to understand and where possible, we can decrease our own footprint through looking at the way we are providing current services and using infrastructure, and how we plan for the future. This starts with understanding as far as possible how energy efficient we are and could be, and continually reviewing what we use, recycle and discard.





## Green team

We re-established the Gateway Health Green Team and explored our current waste segregation and management; gardens and veggie growing especially at Wangaratta sites and how we can keep thinking outside the box on ways to reduce our impact.

Working with partner organisations who also are invested in reducing their environmental impact, particularly through the Wodonga Green Alliance, we have focused on education with factual and hopeful messaging and engaging our staff through their own values, interests, passion and experience.

The Green Team will continue to focus on small proactive and positive steps staff can take as individuals and groups, at Gateway Health.

There is always more to do and we will continue to work with partners and funders as the National Health and Climate Strategy released in December 2023, and the Health and Human Services Climate Change Adaptation Action Plan 2022-2026 are implemented.



# Progress against our action plans

## Innovate Reconciliation Action Plan

More than 80 per cent of the actions in our *Innovate Reconciliation Action Plan 2021-2023* were achieved, and the plan completed.

Some of our successes include establishing compulsory cultural inclusion training, revising our First Nations Cultural Guidelines and Protocols with the assistance of local Traditional Custodians and relinquishing our role as leaseholder for the Burraja Cultural centre with guardianship transferring to a First Nations Community-Controlled Agency.

Reconciliation Week and NAIDOC Week are now permanently endorsed and prioritised events in our annual calendar, shown by great attendance and engagement by Gateway Health staff at local events.

However, our passionate working group felt there was more to do to embed Reconciliation into the way we work.

We have been working across the year to develop a second Innovate Reconciliation Action Plan to be launched late 2024, reinforcing our commitment to doing what we can to ensure we continue to learn and actively contribute to health equity for First Nations peoples.



## Disability Action Plan

Gateway Health is committed to ensuring equity for people with disabilities including both clients and staff.

The Equity and Participation Team, working with staff from across the organisation formed a working group and developed a comprehensive and detailed Disability Action Plan focusing on education and a welcoming and inclusive workplace.

With workforce changes however, a number of proposed actions could not be commenced or achieved.

However, some achievements in this time include unconscious bias training, invisible disability awareness and promotion of resources to assist in non-written communication.

Over 2024, the plan has been revised and is ready to be relaunched.



## Research in community health

Gateway Health is proud to have actively participated in research projects with tertiary institutions over many years. Partnerships and relationships with universities and TAFE Institutions are crucial in ensuring innovation demonstrates the effectiveness of community health and primary care, has a rural and regional lens and helps address determinants of health as part of improving health outcomes. This year, we participated in the following.

- The Health Promotion team finished five years of partnership in the NHMRC RESPOND project with Deakin University and partner organisations across the Hume Region.
- CP@clinic research commenced with La Trobe University and McMaster University in Canada.
- Participated in the Melbourne University Housing Matters research project and the Latrobe University Multilingual Inclusive Emergency Alerts project.
- Worked with researchers as a bilingual facilitator in research undertaken by Rural and Remote Health at James Cook University exploring conceptualisations of pain among resettled Nepali-speaking Bhutanese adults in rural and regional Australia. [Pictured below]
- Participated in the Wearables Integrated Technology to support healthy behaviours in people with Type 2 Diabetes (Wear- IT) project, with Bond University and University of Newcastle.
- The Wangaratta Therapeutic Centre worked with the University of Wollongong in The Building Belonging Project.
- The Multidisciplinary Enhanced Rural Pharmacotherapy Team commenced the Point of Care Testing for Hepatitis C Project with Albury Wodonga Health and the Ovens Murray Public Health Unit.
- Medical Practices participated in bowel screening with Melbourne University and Rural Service Development - Centre for Excellence in Rural Sexual Health.
- Clinic 35 participated in the Management of Chlamydia Cases in Australia study with Melbourne University.







# Governance and financials

# Quality and safety

Gateway Health’s Quality and Risk (Q&R) Team continued improving quality of care and safety in all aspects of our organisation. The team, with input from across Gateway Health, successfully led us through several accreditation rounds this past year.

- headspace Model Integrity Framework
- National Safety and Quality Primary and Community Health Standards
- National Mental Health Standards
- Rainbow Tick Standards

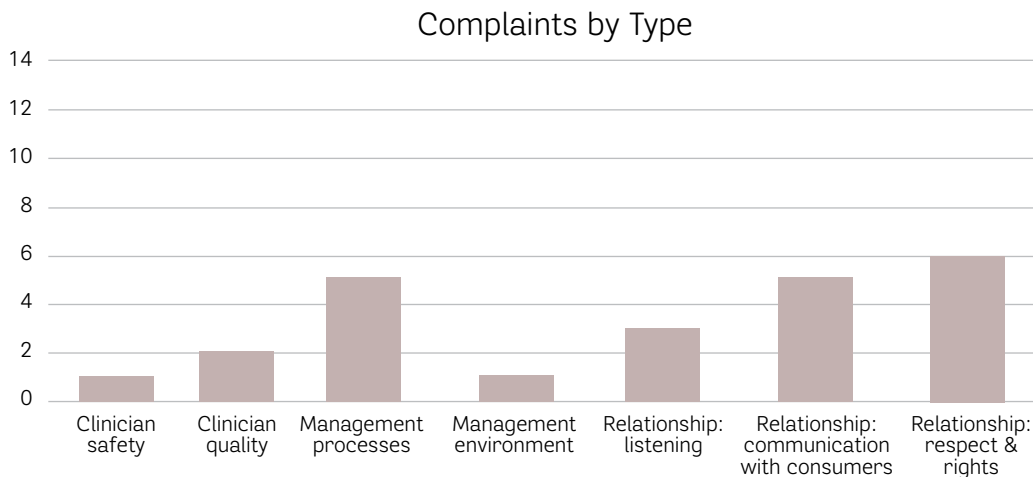
Overseeing our quality and risk management systems, the Q&R team also monitor clinical incident management ensuring safe and high-quality care; and how we also listen to client input from responses to complaints, compliments and suggestions for improvement.

We had a total of 23 formal complaints primarily focussed on communication and access to services. One improvement in response to a complaint about communication was to revise our complaint management process, ensuring we also ask for feedback about how complaints are managed.

Another action related to access was for a program to review how clients on waitlists were communicated with, keeping them up-to-date and checking in on their issues of concern while they waited for an appointment.

We also commenced a trial of “smiley-face” kiosks at Wodonga and Wangaratta, giving people a real time option to feedback as to whether they felt the organisation had helped them with their concern.

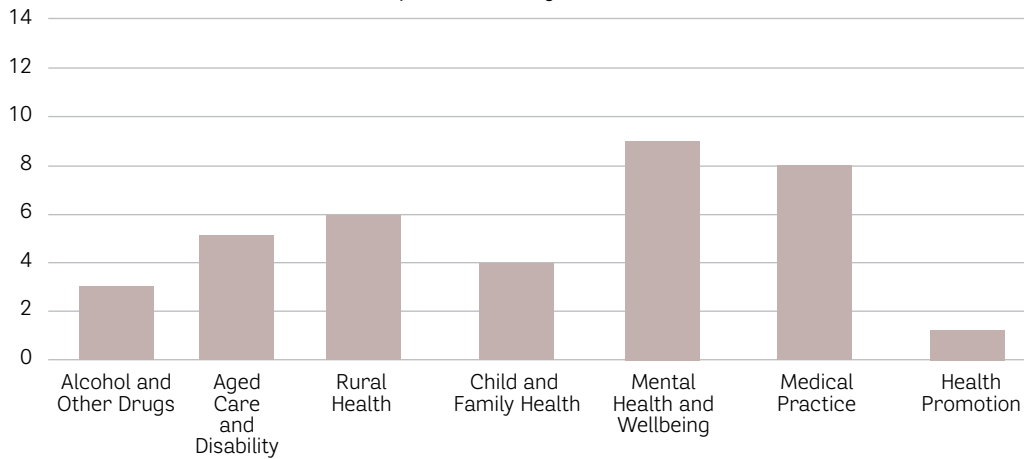
In response to another complaint received, we reviewed our 1800 number monitoring and message taking to improve service delivery.



**“... your grief counsellor has helped me so much. She is so kind and understanding. Please keep her!”**

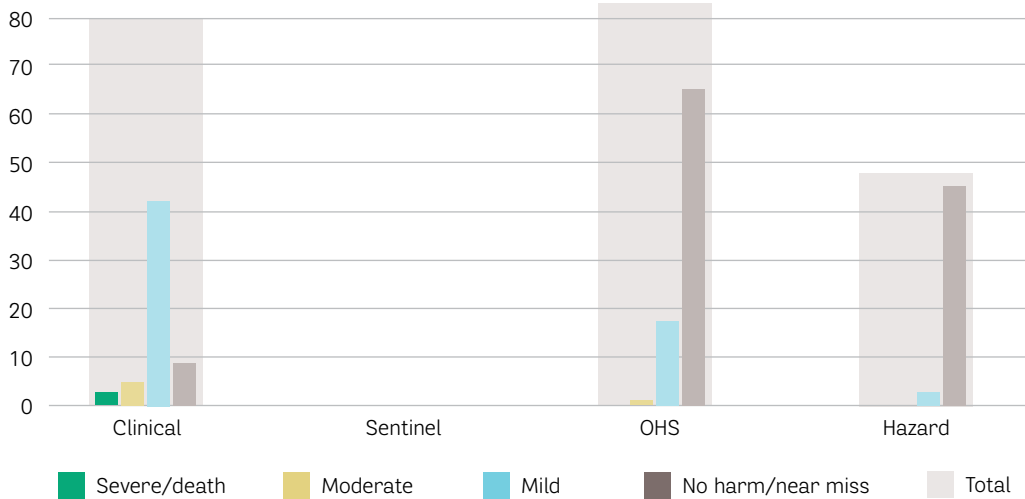
**“... is the best doctor I have seen in my life and the only one after years of health issues and many doctors I’ve seen, finally getting answers and being sent for the right tests, specialists. My whole family see him, he’s just brilliant.”**

### Compliments by Service



We gratefully received 36 formal compliments relating to staff across many services.

### Incidents by Severity and Total



There was a slight decrease in the number of clinical incidents reported (80 total) compared to the previous year and a slight increase in the number of occupational health and safety incidents reported (82 total). This reflects the education provided and focus on safety, resulting in staff recording incidents and also documenting near misses.

The highest number of incidents in both clinical and OH&S categories was in behaviours such as aggression or violence towards staff, consistent with previous years.

Staff and client safety are our highest priority. Our processes to respond to behaviours which potentially risk staff safety are continually reviewed and tested.

**“I would like to extend my heartfelt gratitude to the entire team at Wangaratta Therapeutic Community for their outstanding work.”**

**“I feel safe and accepted here. Staff are super kind and patient. I love the info cards and pronoun pins they provide.”**



## Quality award winners

With our focus on always looking to do better, our annual Quality Awards are highly contested with a Highly Commended award added as the quality of submissions was so high. The 2023 winners under each Dimension of our Quality Framework are as follows.

### **SAFE** | Alcohol and Other Drugs team, *Client's Rights and Responsibilities Implementation Project*

Developed to help manage challenging presentations and foster a positive and respectful environment for people receiving services. By clearly outlining expectations, an agreement was developed for each person, ensuring a safe, supportive and effective therapeutic relationship.

### **EFFECTIVE** | Finance team, *Financial Audit Improvement Strategy*

A new process trialled and then embedded to develop draft financial statements with a linked set of reports and notes that automatically ensures accuracy - saving time and improving the annual audit experience and result.

### **PERSON-CENTERED** | Clinic 35, *Intrauterine Device (IUD) Clinic trial.*

Increased access to and uptake of long acting reversible contraception at low cost.

### **EQUITABLE** | Rural Health team, *Personal Alarm Clinic*

Trial of a centre-based personal alarm clinic to enable multiple personal alarm referrals to be actioned. The aim was to reduce waiting times and waitlist for occupational therapy, increase efficiency of the service and enable more timely access to technology that will reduce the risk of adverse events in the home.

### **CONNECTED** | Rural Health team, *Food in Mind Pilot*

A multidisciplinary team of a GP, mental health clinician, dietitians and headspace piloted an early intervention program for young people in Wangaratta with mild-moderate symptoms on an emerging eating disorder.

### **HIGHLY COMMENDED** | Health Promotion team, *Evidence based reviews for embedding best practice in health promotion*

The Health Promotion Team embedded internal processes to ensure work undertaken is evidence based and serves the needs of communities – contributing to improvements in health outcomes. The process included regular evidence reviews and reflection at team meetings.



# Directors' report

## For the year ended 30 June 2024

The directors present their report, together with the financial statements of Gateway Health Limited (referred to hereafter as the 'Company') for the financial year ended 30 June 2024 and the auditor's report thereon.

### Directors

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

- Ruth Davenport – Chairperson
- Geoffrey Lowe – Treasurer
- Michael Ferris
- Klaus Baumgartel
- Guinever Threlkeld
- Felicity Williams
- David Koschitzke
- Megan Pearce
- Joy Hewitt
- Brent Quill
- Catherine Upcher (resigned November 2023)

### Company Secretary

Mr Trent Dean (Chief Executive Officer) held the position of Company Secretary at 30 June 2024 and has been this position since March 2024.

### Principal activities

The principal activities of the Company during the course of the year were the provision of primary health and welfare service at sites in Wodonga, Wangaratta and Myrtleford in Victoria, and through outreach services provided across North East Victoria and Southern NSW.

### Review of operations

The net deficit result of the Company for the year ended 30 June 2024 was \$4,012,377 (2023: surplus \$340,415).

### Significant changes in the state of affairs

Trent Dean was appointed as CEO in March 2024 and in May of 2024, the CFO Debra Harvey resigned from her position

## Events subsequent to balance date

In July 2024 Victoria Mugwagwa was appointed as the CFO. In August, the organisation underwent a restructuring process in Business Services aimed at enhancing operational efficiency and aligning our resources with strategic objectives.

## Likely developments

No material likely developments are foreseen at this time that may affect the Company's operations.

Further information about likely developments in the operations of the Company and the expected results of those operations in future financial years has not been included in this report because disclosure of the information would be likely to result in unreasonable prejudice to the Company.

## Indemnity and insurance of officers

No indemnities have been given or insurance premiums paid by the Company, during or since the end of the financial year, for any person who is or has been a Director or officer of the Company.

During the financial year the Victorian Department of Health paid a premium to insure the Company's directors and officers in respect to liabilities that may arise from their position as directors and officers of the Company.

## Indemnity and insurance of auditor

The Company has not, during or since the end of the financial year, indemnified or agreed to indemnify the auditor of the Company against a liability incurred by the auditor.

During the financial year, the Company has not paid a premium in respect of a contract to insure the auditor of the company.

## Auditor's independence declaration

The auditor independence declaration for the year ended 30 June 2024 has been received and is set out immediately after this directors' report.

This report is made in accordance with a resolution of the directors.

On behalf of the directors



Ruth Davenprot  
Chairperson  
30 October 2024  
Wodonga



Geoff Lowe  
Treasurer  
30 October 2024  
Wodonga



## Auditor-General's Independence Declaration

### To the Directors, Gateway Health Limited

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General, an independent officer of parliament, is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised.

Under the *Audit Act 1994*, the Auditor-General is the auditor of each public body and for the purposes of conducting an audit has access to all documents and property, and may report to parliament matters which the Auditor-General considers appropriate.

### *Independence Declaration*

As auditor for Gateway Health Limited for the year ended 30 June 2024, I declare that, to the best of my knowledge and belief, there have been:

- no contraventions of auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit.
- no contraventions of any applicable code of professional conduct in relation to the audit.

MELBOURNE  
6 November 2024



Sanchu Chummar

*as delegate for the Auditor-General of Victoria*

## Statement of income and other comprehensive income For the year ended 30 June 2024

	Note	2024 \$	2023 \$
<b>Revenue and income</b>	4	33,398,232	36,458,602
Employee benefits expense	5	(30,735,295)	(29,543,270)
Depreciation	11	(1,824,801)	(1,773,690)
Amortisation	12	(41,774)	(41,082)
Interest expense		(1,306)	(2,285)
Program expenses		(290,198)	(234,594)
Motor vehicle expenses		(351,227)	(319,333)
Occupancy expenses		(702,763)	(682,171)
Other expenses	6	(3,463,245)	(3,521,762)
<b>Total expenses</b>		<b>(37,410,609)</b>	<b>(36,118,187)</b>
<b>Surplus/(deficit) for the year</b>		<b>(4,012,377)</b>	<b>340,415</b>
<b>Items that will not be reclassified subsequently to surplus or deficit:</b>			
Gain/(Loss) on the revaluation of land and buildings		-	3,151,971
<b>Total comprehensive result for the year</b>		<b>(4,012,377)</b>	<b>3,492,386</b>

The above statement of income and other comprehensive income should be read in conjunction with the accompanying notes.

## Statement of financial position

### As at 30 June 2024

	Note	2024 \$	2023 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	7	2,544,496	4,258,219
Other financial assets	8	4,389,815	4,218,003
Trade and other receivables	9	747,605	662,537
Other assets	10	222,971	175,632
<b>Total current assets</b>		<b>7,904,887</b>	<b>9,314,391</b>
<b>Non current assets</b>			
Property, plant and equipment	11	22,249,695	23,233,740
Right of use asset	12	82,921	34,235
<b>Total non current assets</b>		<b>22,332,616</b>	<b>23,267,975</b>
<b>Total assets</b>		<b>30,237,503</b>	<b>32,582,366</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	13	926,758	1,857,124
Contract liabilities	14	4,599,312	2,839,205
Short term provisions	15	4,617,975	3,356,211
Lease liabilities	12	44,551	35,034
<b>Total current liabilities</b>		<b>10,188,596</b>	<b>8,087,574</b>
<b>Non current liabilities</b>			
Long term provisions	15	347,975	820,158
Lease liabilities	12	38,675	-
<b>Total non current liabilities</b>		<b>386,650</b>	<b>820,158</b>
<b>Total liabilities</b>		<b>10,575,246</b>	<b>8,907,732</b>
<b>Net assets</b>		<b>19,662,257</b>	<b>23,674,634</b>
<b>Equity</b>			
Accumulated surplus		16,510,286	20,522,663
Asset revaluation Reserve		3,151,971	3,151,971
<b>Total equity</b>		<b>19,662,257</b>	<b>23,674,634</b>

The above statement of financial position should be read in conjunction with the accompanying notes.

**Statement of changes in equity  
For the year ended 30 June 2024**

	Asset revaluation reserve \$	Accumulated surplus \$	Total \$
<b>2024</b>			
<b>Balance at 1 July 2023</b>	3,151,971	20,522,663	23,674,634
Surplus/(Deficit) for the year	-	(4,012,377)	(4,012,377)
Other Comprehensive Income	-	-	-
<b>Balance at 30 June 2024</b>	<b>3,151,971</b>	<b>16,510,286</b>	<b>19,662,257</b>
<b>2023</b>			
<b>Balance at 1 July 2022</b>	-	20,182,248	20,182,248
Surplus/(Deficit) for the year	-	340,415	340,415
Other Comprehensive Income	3,151,971	-	3,151,971
<b>Balance at 30 June 2023</b>	<b>3,151,971</b>	<b>20,522,663</b>	<b>23,674,634</b>

The above statement of changes in equity should be read in conjunction with the accompanying notes.

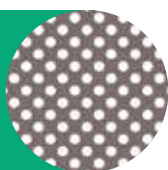


## Statement of cash flows

### For the year ended 30 June 2024

	Note	2024 \$	2023 \$
<b>Cash flows from operating activities:</b>			
Payments to suppliers and employees		(38,380,109)	(33,961,747)
Interest received		301,777	104,094
Finance costs		(13,148)	(9,346)
Receipt from government grants		32,510,737	28,449,935
Other receipts		7,260,103	7,225,426
GST refund/(paid)		(2,578,079)	(2,348,059)
Net cash provided by/(used in) operating activities	22	<b>(898,719)</b>	<b>(539,697)</b>
<b>Cash flows from investing activities:</b>			
Proceeds from sale of plant and equipment		210,681	172,246
Purchase of property, plant and equipment		(983,416)	(1,010,494)
Purchase of other financial assets		-	-
Net cash provided by/(used in) investment activities		<b>(772,735)</b>	<b>(838,248)</b>
<b>Cash flows from financing activities:</b>			
Repayment of lease liability		(42,269)	(40,531)
Net cash provided by/(used in) financing activities		<b>(42,269)</b>	<b>(40,531)</b>
Net increase/(decrease) in cash and cash equivalents held		(1,713,723)	(1,448,747)
Cash and cash equivalents at beginning of year		4,258,219	5,706,966
Cash and cash equivalents at end of financial year	7	<b>2,544,496</b>	<b>4,258,219</b>

The above statement of cash flows 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

The financial report covers Gateway Health Limited as an individual entity. Gateway Health Limited (“the Company”) is a not-for-profit Company, registered and domiciled in Australia. Further information on the nature of the operations and principal activities of the Company is provided in the director’s report.

The financial report was authorised for issue by the Directors on 30 October 2024.

### 1 Basis of Preparation

#### (a) Statement of compliance

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures and the Australian Charities and Not-for-profits Commission Act 2012.

#### (b) Basis of accounting, preparation and measurement

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies have been applied in preparing the financial statements for the year ended 30 June 2024, and the comparative information presented in these financial statements is for the year ended 30 June 2023.

These financial statements are presented in Australian dollars, the functional and presentation currency of the Company.

All amounts shown in the financial statements have been rounded to the nearest dollar, unless otherwise stated. Minor discrepancies in tables between totals and sum of components are due to rounding.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected noncurrent assets, financial assets and financial liabilities. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is, they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

#### (c) New or amended Accounting Standards and Interpretations adopted

The Company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (‘AASB’) that are mandatory for the current reporting period.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Company.

The following Accounting Standards and Interpretations are most relevant to the Company:

##### *Conceptual Framework for Financial Reporting (Conceptual Framework)*

The Company has adopted the revised Conceptual Framework from 1 July 2021. The Conceptual Framework contains new definition and recognition criteria as well as new guidance on measurement that affects several Accounting Standards, but it has not had a material impact on the Company’s financial statements.

##### *AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*

The Company has adopted AASB 1060 from 1 July 2021. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs. As a result, there is increased disclosure in these financial statements for key management personnel and related parties.

## Notes to and forming part of the financial statements For the year ended 30 June 2024

### (d) Material Accounting Estimates and Judgements

Judgements, estimates and assumptions are required to be made about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are reviewed on an ongoing basis. The estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods that are affected by the revision. Judgements and assumptions made by management in the application of Australian Accounting Standards that have significant effects on the financial statements and estimates relate to:

- Revenue: the determination of whether performance obligations are sufficiently specific so as to determine whether an arrangement is within the scope of AASB 15 Revenue from Contracts with Customers or AASB 1058 Income of Not-for-Profit Entities (refer to Note 3(c) and 4).
- Receivables and assessment of provision for expected losses, refer to Note 3(i) and 9.
- The assessment of the recoverable amount of land, buildings and plant and equipment and determination of depreciation (refer to Note 3(e) and 11)
- Employee benefit provisions: determining if these are based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 3(m) and 15).
- Leases: the determination, in accordance with AASB 16 Leases, of the lease term, the estimation of the discount rate when not implicit in the lease and whether an arrangement is in substance short term or low value refer to Note 3(l) and Note 12.

### (f) Going Concern

The financial statements have been prepared on the basis that the Company will be able to continue as a going concern. The Company has reported a deficit for the year of \$4,012,377 (2023: surplus \$340,415).

Consequently, the ability of the Company to continue as a going concern and to discharge its liabilities in the ordinary course of business is dependent upon the continuing financial support of government departments and ongoing profitability of services provided.

The Board have reviewed the future budgeted operating and cashflow position, service and programme opportunities to support existing and future revenue streams and are satisfied that it is appropriate to prepare the financial statements on the going concern basis.

If the Company is unable to continue as a going concern, it may be required to realise its assets and extinguish its liabilities other than in the normal course of business and at amounts different from those stated in the financial statements. The financial statements do not include any adjustments relating to the recoverability and classification of recorded asset amounts or to the amounts and classification of liabilities that might be necessary should the Company not continue as a going concern.



## Notes to and forming part of the financial statements For the year ended 30 June 2024

### 2 Accounting Standards Issued but not yet effective

There are no major changes to accounting standards for 2023-24 that are expected to have a material impact on the Company's financial statements.

Minor amendments to AASB 101 Presentation of Financial Statements encourage financial report preparers to consider the adequacy of financial reporting disclosures:

- entities must disclose material as opposed to 'significant' accounting policies. Examples of circumstances when accounting policies are likely to be considered material to the financial statements are detailed in AASB 101 paragraph 117B.

### 3 Summary of Significant Accounting Policies

The following is a summary of the material accounting policies adopted by the Company in the preparation of the financial statements. The accounting policies adopted have been consistently applied and are consistent with those of the previous year, unless otherwise stated.

#### (a) Comparative figures

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

Provision for redundancy and backpay expenses were previously reflected in Trade and Other Payables (note 13); to provide a more accurate reflection of Provisions these have been moved to Provisions (note 15).

#### (b) Income Tax

The Company is exempt from income tax under Division 50-B of the Income Tax Assessment Act 1997.

The Company is registered with the Australian Charities and Not-For-Profits Commission as a Charitable Institution and is endorsed as a deductible gift recipient.

#### (c) Revenue and other income

##### Revenue from contracts with customers

The core principle of AASB 15 Revenue from Contracts with Customers is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services. Revenue is recognised by applying a five step model as follows:

1. Identify the contract with the customer.
2. Identify the performance obligations.
3. Determine the transaction price.
4. Allocate the transaction price to the performance obligations.
5. Recognise revenue as and when control of the performance obligations is transferred.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Company have any significant financing terms as there are less than 12 months between receipt of funds and satisfaction of performance obligations.

##### Government grants

The Company recognise government grant income in accordance with the five-step model described



## Notes to and forming part of the financial statements

### For the year ended 30 June 2024

above. If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

Where grant income arises from an agreement which is enforceable and contains sufficiently specific performance obligations then the revenue is recognised when control of each performance obligation is satisfied. Performance obligations under the agreements are varied.

Each performance obligation is assessed to ensure that revenue recognition reflects transfer of control. Within grant agreements there may be some performance obligations where control transfers at a point in time and others where continuous transfer of control takes place over the life of the contract.

Where control is transferred over time, generally the input methods being either costs or time incurred, are deemed to be the most appropriate methods to reflect the transfer of benefit.

Where control is transferred at a point in time, revenue is recognised at the completion of the relevant milestone.

If the Company has determined that there are no performance obligations attached to the grant, the grant is recognised as revenue on receipt.

#### **Government Grants - Capital**

Capital grants are recognised as revenue when received. Grants are paid upon meeting project milestones as detailed in project plan and funding agreement. Project expenses must be supported by proof of purchase order being raised or tax invoice from the supplier. End of project acquittals are required to be provided for each grant.

#### **NDIS**

The National Disability Insurance Scheme (NDIS) income is billed monthly in arrears. NDIS fees are recognised as income upon the completion of services in line with service agreements with participants.

#### **Client fees and brokerage**

Client fees are recognised as revenue following the provision of goods or services to clients.

#### **Donations**

Donations are recognised as revenue when received.

#### **Voluntary services**

Contributions in the form of services are only recognised when a fair value can be reliably determined, and the services would have been purchased if not donated. The Company operates with very minimal volunteer services and does not consider a reliable fair value can be determined and any amount of income and expenditure would be immaterial.

#### **Rental income**

Rental income from leases is recognised on a straight-line basis over a period of the relevant lease term.

#### **Other income**

Other income is recognised when the Company is entitled to it.

#### **(d) Goods and services tax (GST)**

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

## Notes to and forming part of the financial statements For the year ended 30 June 2024

### (e) Property, plant and equipment

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment. Cost is determined as the fair value of the assets at the date of acquisition plus incidental costs directly attributable to the acquisitions. Land and Building assets are subject to an independent valuation every 5 years and therefore carried at the valuation amount; with building assets being carried less any accumulated depreciation. Items with a cost in excess of \$1,000 are recognised as an asset. All other assets acquired are expensed.

#### Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the Company, commencing when the asset is ready for use.

The estimated useful lives used for each class of depreciable asset are shown below:

Fixed asset class	Useful life	
	2024	2023
Buildings	50 years	50 years
Plant and Equipment	10 years	10 years
Furniture, Fixtures and Fittings	10 years	10 years
Motor Vehicles	6.72 years	6.72 years
Computer Equipment	3 years	3 years

Maintenance and repair costs are charged as expenses as they are incurred.

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

The useful life of assets has not changed from the prior year.

#### Impairment

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

#### Revaluation

Independent valuations are also obtained by the Company every 5 years or earlier if required, to provide evidence on recoverable amount and to ensure freehold land and buildings are recorded at a carrying value, not in excess of recoverable amount. A revaluation was undertaken in May 2023 and land and building costs reflect these new values.

#### Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions of the financial instrument and are measured initially at fair value adjusted by transactions costs, except for those carried at fair value through profit or loss, which are measured initially at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset



## Notes to and forming part of the financial statements For the year ended 30 June 2024

expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

### Classification and subsequent measurement

Except for those trade receivables that do not contain a significant financing component and are measured at the transaction price, all financial assets are initially measured at fair value adjusted for transaction costs (where applicable).

For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into the following categories upon initial recognition:

- amortised cost
- fair value through profit or loss (FVPL)

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables which is presented within other expenses.

### (f) Financial instruments

#### Financial assets at amortised cost

Financial assets are measured at amortised cost if the assets meet the following conditions (and are not designated as FVPL):

- they are held within a business model whose objective is to hold the financial assets and collect its contractual cash flows
- the contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

These are measured at amortised cost using the effective interest method.

#### Financial assets at fair value through profit or loss (FVPL)

Financial assets that are held within a different business model other than 'hold to collect' or 'hold to collect and sell' are categorised at fair value through profit and loss. Further, irrespective of business model financial assets whose contractual cash flows are not solely payments of principal and interest are accounted for at FVPL. All derivative financial instruments fall into this category, except for those designated and effective as hedging instruments, for which the hedge accounting requirements apply.

#### Classification and measurement of financial liabilities

The Company's financial liabilities include trade and other payables.

Financial liabilities are initially measured at fair value, and, where applicable, adjusted for transaction costs unless the Company designated a financial liability at fair value through surplus or deficit. Subsequently, financial liabilities are measured at amortised cost using the effective interest method except for derivatives and financial liabilities designated at FVPL, which are carried subsequently at fair value with gains or losses recognised in surplus or deficit (other than derivative financial instruments that are designated and effective as hedging instruments).

#### Impairment

At the end of each reporting period, the entity reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in surplus or deficit.

## Notes to and forming part of the financial statements For the year ended 30 June 2024

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash generating unit to which the asset belongs

### (g) Cash and cash equivalents

Cash and cash equivalents comprise cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

### (h) Other financial assets

Other financial assets are valued at fair value, at balance date. Term deposits are measured at original cost. Any unrealised gains and losses on holdings at balance date are recognised as either a revenue or expense.

### (i) Receivables

Trade and other receivables include amounts due from customers for services performed in the ordinary course of business and are carried at the invoice amount. 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.

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the balance is not considered collectible. The impairment provision is based on the best information at the reporting date. The Directors have determined that there was no expected credit loss on receivables as at 30 June 2024 (2023: \$0).

### (j) Leases

The Company adopted AASB 16: Leases using the modified retrospective approach on 1 July 2019.

At inception of a contract, the Company assesses whether a lease exists - i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

- The contract involves the use of an identified asset - this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right then there is no identified asset.
- The Company has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.
- The Company has the right to direct the use of the asset i.e. decision-making rights in relation to changing how and for what purpose the asset is used.

### (k) Right of use asset

At the lease commencement, the Company recognises a right of use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised.

## Notes to and forming part of the financial statements

### For the year ended 30 June 2024

The right of use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right of use asset is depreciated over the lease term on a straight-line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

#### (l) Lease liability

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Where the lease liability is remeasured, the right of use asset is adjusted to reflect the remeasurement or is recorded in surplus or deficit if the carrying amount of the right of use asset has been reduced to zero.

#### (m) Employee Provisions

##### Short-term employee provisions

Provision is made for the Company's obligation for short term employee benefits. Short term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and on costs. Short term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

##### Other long-term employee provisions

Provision is made for employees' long service leave not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Other long term employee benefits are measured at the present value of the expected future payments to be made 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 at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long term employee benefits, the net change in the obligation is recognised in surplus or deficit as part of employee provisions expense.

The Company's obligations for long term employee benefits are presented as non current employee provisions in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current employee provisions.

#### (n) Trade payables and other payables

Trade and other payables represent the liabilities for goods and services received by the entity that remain unpaid at the end of the reporting period. They are unsecured, non-interest bearing and the balance is recognised as a current liability, with the amounts normally paid within 30 days of recognition of the liability.

Trade and other payables are initially measured at their fair value and subsequently measured at amortised cost using the effective interest method. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short term nature of the balances.

**Notes to and forming part of the financial statements**  
**For the year ended 30 June 2024**

**4 Revenue and Income**

	2024 \$	2023 \$
<b>Revenue from Contracts with Customers</b>		
Government Grants (State) - Operating	14,563,974	17,194,143
Government Grants (Commonwealth) - Operating	8,460,330	7,696,756
Other Grants	3,009,206	1,649,323
NDIS	943,987	1,776,717
Brokerage fees	466,864	230,528
Client fees	3,598,391	3,017,635
	<b>31,042,752</b>	<b>31,565,102</b>
<b>Other Sources of Income</b>		
Government Grants (State) - Capital	126,700	655,763
Donations	22,907	43,906
Rental income	233,405	278,598
Interest income	372,335	161,640
Other income	1,532,111	2,220,629
Revaluation income	-	1,408,637
Profit from sale of non-current assets	68,022	124,327
	<b>2,355,480</b>	<b>4,893,500</b>
<b>Total Revenue and Income</b>	<b>33,398,232</b>	<b>36,458,602</b>

**Performance Obligations**

The performance obligations of the major revenue streams of the Company are as follows:

***Grant Revenue***

The Performance obligations of Gateway's grant revenue streams are both qualitative and quantitative in nature and relate to meeting funded program objectives in service agreements with funding providers (Commonwealth and State governments, and non-government organisations). Quantitative performance measures relate to hours of service, number of clients serviced, number of training courses delivered, or families educated which have sufficiently specific performance obligations in accordance with AASB 15: *Revenue from Contracts with Customers*. Qualitative performance measures, include quality of care, responsiveness, workforce development and community engagement activities and does not have sufficiently specific performance obligations in accordance with AASB 1058: *Income for not-for-profit entities*. Revenue is recognised upon receipt for income tied to qualitative measures, and for income paid after performance measures have been met. Income tied to quantitative service delivery is recognised as a service is provided unless the contract is deemed unenforceable.

## Notes to and forming part of the financial statements For the year ended 30 June 2024

### *Client Fees*

The performance obligations related to client fees are based on the delivery of services to clients. Revenue from the rendering of a service is recognised upon the delivery or billing of the service to the individual client, in the month of service.

### *NDIS Fees*

The performance obligations related specifically to NDIS client fees are based on the delivery of services to NDIS clients. Revenue from the rendering of a service is recognised upon billing of the service to the individual client, their supporting manager or directly to the NDIA in the month of service.

## 5 Employee benefits expenses

	2024 \$	2023 \$
Salaries and wages	24,530,520	24,493,609
Superannuation	2,648,608	2,503,204
Contractors payments General Practitioners	1,324,024	1,109,587
Workcover	807,974	447,833
Other employee costs	1,424,169	989,037
<b>Total Employee benefits expense</b>	<b>30,735,295</b>	<b>29,543,270</b>

## 6 Other expenses

	2024 \$	2023 \$
Client brokered funds	279,185	418,861
Computer expenses	411,487	357,455
Hume Rural Health Alliance costs	411,516	356,077
Office costs	1,003,328	1,047,431
Repairs and maintenance	283,548	214,572
Consultant fees	307,677	534,705
Other costs	766,504	592,661
<b>Total Other expenses</b>	<b>3,463,245</b>	<b>3,521,762</b>

Notes to and forming part of the financial statements  
For the year ended 30 June 2024

**7 Cash and cash equivalents**

	2024 \$	2023 \$
Cash on hand	3,980	3,580
Bank balances	2,540,516	4,254,639
	<b>2,544,496</b>	<b>4,258,219</b>

**8 Other financial assets**

	2024 \$	2023 \$
Term deposits	4,389,815	4,218,003
	<b>4,389,815</b>	<b>4,218,003</b>

**9 Trade and other receivables**

	2024 \$	2023 \$
<b>CURRENT</b>		
Trade receivables	302,433	337,734
Accrued income	445,172	324,803
	<b>747,605</b>	<b>662,537</b>

**10 Other assets**

	2024 \$	2023 \$
<b>CURRENT</b>		
Prepayments	222,971	175,632
	<b>222,971</b>	<b>175,632</b>

Notes to and forming part of the financial statements  
For the year ended 30 June 2024

11 Property, plant and equipment

LAND AND BUILDINGS	2024 \$	2023 \$
<b>Freehold land</b>		
At fair value	3,815,279	3,815,279
<b>Total land</b>	<b>3,815,279</b>	<b>3,815,279</b>
<b>Buildings</b>		
At fair value	14,718,854	14,718,854
Accumulated depreciation	(374,222)	(6,881)
<b>Total buildings</b>	<b>14,344,632</b>	<b>14,711,973</b>
<b>Total land and buildings</b>	<b>18,159,911</b>	<b>18,527,252</b>
<b>Plant and equipment</b>		
At cost	613,424	549,864
Accumulated depreciation	(423,382)	(402,357)
<b>Total plant and equipment</b>	<b>190,042</b>	<b>147,507</b>
<b>Furniture, fixtures and fittings</b>		
At cost	6,709,205	6,491,986
Accumulated depreciation	(4,548,877)	(3,960,971)
<b>Total furniture, fixtures and fittings</b>	<b>2,160,328</b>	<b>2,531,015</b>
<b>Motor vehicles</b>		
At cost	2,015,794	1,906,988
Accumulated depreciation	(882,222)	(793,534)
<b>Total motor vehicles</b>	<b>1,133,572</b>	<b>1,113,454</b>
<b>Computer equipment</b>		
At cost	3,404,427	3,156,212
Accumulated depreciation	(2,798,585)	(2,241,701)
<b>Total computer equipment</b>	<b>605,842</b>	<b>914,511</b>
<b>Total plant and equipment</b>	<b>4,089,784</b>	<b>4,706,488</b>
<b>Total property, plant and equipment</b>	<b>22,249,695</b>	<b>23,233,739</b>

## Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

Year ended 30 June 2024	Land \$	Buildings \$	Equipment \$	Furniture Fixtures and Fittings \$	Motor Vehicles \$	Computer Equipment \$	Other works in progress \$	Total \$
Balance at the beginning of the year	3,815,279	14,711,973	147,507	2,531,015	1,113,454	914,511	-	23,233,739
Additions	-	-	63,560	217,219	454,421	248,216	-	983,416
Disposals	-	-	-	-	(142,659)	-	-	(142,659)
Revaluation increment/ (decrement)	-	-	-	-	-	-	-	-
Depreciation expense	-	(367,341)	(21,025)	(587,906)	(291,644)	(556,885)	-	(1,824,801)
<b>Balance at the end of the year</b>	<b>3,815,279</b>	<b>14,344,632</b>	<b>190,042</b>	<b>2,160,328</b>	<b>1,133,572</b>	<b>605,842</b>	<b>-</b>	<b>22,249,695</b>

As per note 3 (e) the independent valuations are obtained to provide evidence to assess recoverable amount. The freehold land and buildings were subject to a full independent valuation during May 2023 by Acumentis Albury Wodonga; accredited independent valuers. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction, highest and best use. The valuation was based on independent assessments undertaken by the valuer.

## Notes to and forming part of the financial statements For the year ended 30 June 2024

### 12 Leases

The Company has adopted AASB 16: Leases and this standard has resulted in the recognition of the future rights and obligations associated with property leases being recognised in the statement of financial position. Lease expenses were previously disclosed as occupancy expenses and under the new standard is represented by financing cost (notional interest) and depreciation of right of use asset.

To determine the incremental borrowing rate, the Company used a rate provided by a third-party financing organisation for a similar class of asset for a similar term. The incremental borrowing rate for the building is 4.47%.

The Company is exposed to potential future increases in variable lease payments based on an index or rate, which are not included in the lease liability until they take effect. When adjustments to lease payments based on an index or rate take effect, the lease liability is reassessed and adjusted against the right of use asset.

#### Right-of-use assets

Year ended 30 June 2024	2024 \$	2023 \$
Buildings	172,624	82,165
Accumulated amortisation	(89,703)	(47,930)
<b>Balance at end of year</b>	<b>82,921</b>	<b>34,235</b>

Additions to the right-of-use assets during the 2024 financial year were Nil.

Lease liabilities		
Current	44,551	35,034
Non-current	38,675	-
<b>Total Lease liability</b>	<b>83,226</b>	<b>35,034</b>

#### Amounts recognised in the statement of income and other comprehensive income

Amortisation charge of right-of-use assets	41,774	41,082
Interest expense on lease liabilities	1,306	2,285
Expense relating to leases of low value assets	-	-

#### Lease term and option to extend under AASB 16

The lease term is defined as the non cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key judgement that Directors of the Company will make. The Company determines the likeliness to exercise the options on a lease by lease basis, looking at various factors such as which assets are strategic and which are key to future strategy of the Company.

The Company has a lease with 8 further extension options of 2 years each, totalling 16 years at 44 - 46 Rowan Street Wangaratta. The directors are uncertain if the extension options will be utilised. Therefore, the extension options have not been included in the calculation of the lease liability.

Notes to and forming part of the financial statements  
For the year ended 30 June 2024

**13 Trade and Other Payables**

	2024 \$	2023 \$
<b>CURRENT</b>		
Trade payables	408,144	57,711
GST payable	500,641	740,317
Other payables	17,560	17,560
Accrued expenses	413	1,041,536
	<b>926,758</b>	<b>1,857,124</b>

**14 Contract Liabilities**

	2024 \$	2023 \$
<b>CURRENT</b>		
Operating grants received in advance	1,252,750	1,750,674
Funds held in trust	115,853	115,853
Unearned income	3,230,709	972,678
	<b>4,599,312</b>	<b>2,839,205</b>

**Unearned Income**

Unearned income at 30 June 2024 is the sum of funds for which Gateway Health has not met contract performance targets. Funds may be recalled by grantors in 2025.

Funds held in trust are Department of Health funds being held for future project work.

## Notes to and forming part of the financial statements For the year ended 30 June 2024

### 15 Provisions

	2024 \$	2023 \$
<b>CURRENT</b>		
Provision for annual leave	2,006,260	1,969,413
Provision for long service leave	1,678,750	1,326,024
Provision for paid parental leave	883	-
Provision for redundancy and backpay (previously at Note 13)	-	57,440
Salary Sacrifice Payable	170,778	3,334
Super payable	117,665	-
Wages Payable	643,639	-
	<b>4,617,975</b>	<b>3,356,211</b>
<b>NON-CURRENT</b>		
Provision for long service leave	<b>347,975</b>	<b>820,158</b>

#### LSL Provision

Due to changes in LSL entitlements in Awards and Employment Agreements, renegotiated in the 2023 Financial Year, 50% of staff are now entitled to LSL at 7 years and, ceteris paribus, 80% of all staff will be entitled to Long Service Leave at 7 years by 2026.

#### Portable long service

Effective 1 October 2020 Gateway Health was impacted by the LSL portability scheme for approximately 1/3 of its workforce. This change has affected how the Company accounts for and administers long service leave provisions.

In addition to traditional long service, Victoria offers portable long service benefits for eligible workers in the community services sector. The Portable Long Service Benefits Scheme allows eligible workers to build up long service entitlements based on time spent in their industry, rather than with a single employer. This means that eligible workers can keep their portable long service leave entitlement even if they work for different employers over the years. The Company has identified employees eligible for portable long service benefits in Victoria and pays a levy to the Victorian Portable Long Service Leave Authority of 1.65% of wages for qualifying employees. In the year ended 30 June 2024, the Company was invoiced and paid long service leave benefits to the value of \$178,841 (2023: \$177,027) to the Portable Long Service Authority.

### 16 Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed at their nominal value and are inclusive of the GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the Balance Sheet.

The Company has no commitments as at 30 June 2024 (2023 \$nil).

## Notes to and forming part of the financial statements For the year ended 30 June 2024

### 17 Financial Risk Management

The Directors of the Company have overall responsibility for the establishment of Gateway Health Limited's financial risk management framework. This includes the development of policies covering specific risk areas.

It is the Company's policy that surplus funds will primarily be invested in cash and term deposits, with no more than 50% of cash holdings be placed with an individual financial institution at a point in time. The Company's exposure to risk is limited as the Company does not hold major investments in debt and equity instruments. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and Gateway Health Limited's activities.

The Company's financial instruments consist mainly of deposits with banks, short term investments, trade receivables and trade payables.

The totals for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

	Note	2024 \$	2023 \$
<b>Financial assets</b>			
Financial assets at amortised cost			
- Cash and cash equivalents	7	2,544,496	4,258,219
- Other financial assets	8	4,389,815	4,218,003
- Trade and other receivables	9	747,605	662,537
<b>Total financial assets</b>		<b>7,681,916</b>	<b>9,138,759</b>
<b>Financial liabilities</b>			
Financial liabilities at amortised cost			
- Trade and other payables	13	926,758	1,857,124
- Funds held in trust	14	4,599,312	2,839,205
<b>Total financial liabilities</b>		<b>5,526,070</b>	<b>4,696,329</b>

**Notes to and forming part of the financial statements**  
**For the year ended 30 June 2024**

**18 Key Management Personnel Remuneration**

Key Management Personnel (“KMP”) are those people with the authority and responsibility for planning, directing and controlling the activities of the Company, directly or indirectly. The Board of Directors, Chief Executive Officer and the Executive management team of the Company are deemed to be KMP’s.

During financial year ending June 2024, 2 KMP resigned and 1 had their contract terminated. The 2 resignations have been replaced

The total remuneration paid to KMP’s of the Company during the year is \$1,157,743 (2023: \$1,361,287).

Remuneration of Key Management Personnel:	2024 \$	2023 \$
Short term employee benefits	1,121,073	1,233,496
Long term employee benefits	(88,571)	11,165
Post employment benefits	120,103	115,400
Termination benefits	5,138	1,226
<b>Total</b>	<b>1,157,743</b>	<b>1,361,287</b>

**19 Auditors’ Remuneration**

Remuneration of the auditor for:	2024 \$	2023 \$
- Audit of financial services	38,300	36,800
- Other services	-	-
<b>Total</b>	<b>38,300</b>	<b>36,800</b>

## Notes to and forming part of the financial statements For the year ended 30 June 2024

### 20 Contingent Asset and Contingent Liabilities

#### Contingent Assets

The Company had no contingent assets as at 30 June 2024 (2023: \$nil).

#### Contingent Liabilities

Except for the contingent liability disclosed below, the Company had no other contingent liabilities as at 30 June 2024 (2023: Nil).

In 2012 the Company entered into a deed of agreement with the Commonwealth Government which stipulates that in return for receiving capital funding of \$6,583,500 (incl. GST) to construct the building located at 153 High Street, Wodonga, it must use the property for specific purposes over a 20 year period from the date of completion. Should the Company breach this agreement a repayment obligation to the Commonwealth Government would arise. No liability has been brought to account in respect to this deed as the Company is committed to complying with the terms of the deed and therefore considers it unlikely that a liability would arise as at 30 June 2024.

### 21 Related Parties

The Company's main related parties are as follows:

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity is considered key management personnel. For details of disclosures relating to key management personnel, refer to Note 18: Key Management Personnel Remuneration.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

There were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions required to be disclosed for the Company's Board of Directors, Chief Executive Officer and Executive Management team in 2024.

## Notes to and forming part of the financial statements For the year ended 30 June 2024

### 22 Cash Flow Information

#### Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:	2024 \$	2023 \$
<b>Net surplus/(deficit) for the year</b>	<b>(4,012,377)</b>	<b>340,415</b>
Non-cash flows in deficit:		
- amortisation	41,774	41,802
- depreciation	1,824,801	1,773,690
- net (gain)/loss on sale of non-current assets	(68,022)	(124,327)
Other non-cash transactions		
- asset revaluation (Land and Buildings)	-	(1,408,637)
<b>Changes in assets and liabilities:</b>		
- (increase)/decrease in trade and other receivables	(256,880)	(65,428)
- (increase)/decrease in other current assets	(47,339)	(493,309)
- increase/(decrease) in trade and other payables	(930,365)	(2,416,045)
- increase/(decrease) in other liabilities	1,760,107	2,436,336
- increase/(decrease) in provisions	789,582	(624,194)
<b>Net cash provided by/(used in) operating activities</b>	<b>(898,719)</b>	<b>(539,697)</b>

### 23 Events occurring after balance date

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

### 24 Statutory Information

The registered office and principal place of business of the Company is:

Gateway Health Limited  
41-47 Mackay St  
Wangaratta VIC 3677

## Directors' declaration

The directors of the Company declare that:

1. The financial statements and notes for the year ended 30 June 2024 are in accordance with the Australian Charities and Not for profits Commission Act 2012 and:
  - a. comply with Australian Accounting Standards – Simplified Disclosure Requirements; and
  - b. give a true and fair view of the financial position as at 30 June 2024 and of the performance for the year then ended on that date.
2. In the directors' opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Board chair  
Ruth Davenport  
30 October 2024



Treasurer  
Geoff Lowe  
30 October 2024



# Independent Auditor's Report

## To the Directors of Gateway Health Limited

<b>Opinion</b>	<p>I have audited the financial report of Gateway Health Limited (the company) which comprises the:</p> <ul style="list-style-type: none"> <li>• statement of financial position as at 30 June 2024</li> <li>• statement of income and other comprehensive income for the year then ended</li> <li>• statement of changes in equity for the year then ended</li> <li>• statement of cash flows for the year then ended</li> <li>• notes to the financial statements, including material accounting policy information</li> <li>• directors' declaration.</li> </ul> <p>In my opinion the financial report is in accordance with Division 60 of the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, including:</p> <ul style="list-style-type: none"> <li>• giving a true and fair view of the financial position of the company as at 30 June 2024 and of its financial performance and its cash flows for the year then ended</li> <li>• complying with Australian Accounting Standards – <i>Simplified Disclosure Requirements</i> and Division 60 of the <i>Australian Charities and Not-for-profits Commission Regulations 2022</i>.</li> </ul>
<b>Basis for Opinion</b>	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the company in accordance with the auditor independence requirements of the <i>Australian Charities and Not-for-profits Commission Act 2012</i> and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
<b>Directors' responsibilities for the financial report</b>	<p>The Directors of the company are responsible for the preparation of a financial report that gives a true and fair view in accordance with Australian Accounting Standards– <i>Simplified Disclosure Requirements</i> and the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, and for such internal control as the Directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Directors are responsible for assessing the company'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 it is inappropriate to do so.</p>

**Auditor's responsibilities for the audit of the financial report**

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit 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 my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I 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 my 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 the 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 company's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors
- conclude on the appropriateness of the Directors' 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 company's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the company 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.

I communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also provide the Directors with a statement that I have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence, and where applicable, related safeguards.

MELBOURNE  
6 November 2024



Sanchu Chummar

*as delegate for the Auditor-General of Victoria*

## Accreditation



# gateway health

People living well

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freecall 1800 657 573  
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32 Smith Street,  
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