

Latrobe Community Health Service

Annual Report
2025-26

**Better health, better lifestyles,
strong and inclusive communities.**

Latrobe Community Health Service



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MAKE IT ONE.

MAKE IT EASY.

MAKE IT SUSTAINABLE

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Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples. We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners and original custodians of the lands and waters on which we all live and work.

We recognise the continuing sovereignty of Aboriginal and Torres Strait Islander peoples over their lands and waters and the inalienable right of Aboriginal and Torres Strait Islander peoples to self-determination. We offer our respect to all Elders past and present.

The Uluru Statement from the Heart

The Uluru Statement from the Heart is an invitation to all Australians to walk together to build a better future. Latrobe Community Health Service welcomes this invitation and is committed to walking together as non-Indigenous and First Nations peoples in reconciliation.



Artwork by Dixon Patten (Yorta Yorta and Gunai artist)

Our purpose

We exist to enable people in our communities to thrive by providing quality care, support, education and connections.





Vision

Better health, better lifestyles, strong and inclusive communities.

We're inspired by a vision of strong, vibrant communities, where people enjoy good health and healthy lifestyles. We are inspired by a vision of strong, vibrant communities where more people enjoy good health and fulfilling lifestyles. Improved access to healthcare and better information about healthy lifestyle choices are the building blocks of strong communities.

Our values

Our values guide how we do things, how we work together and how we treat each other.

Providing excellent service
Actively assist our customers and clients to receive the quality services they require in a professional and courteous manner.

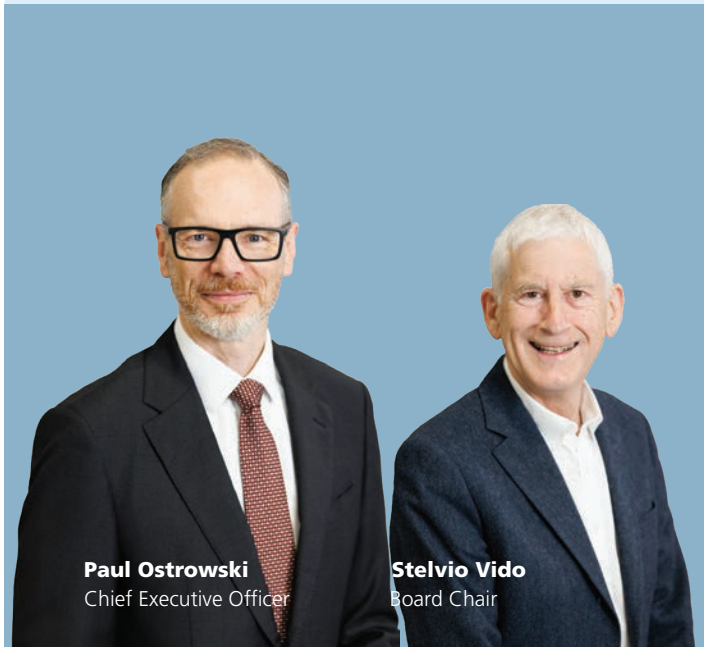
Always providing a personal best
Embrace a 'can do' attitude and go the extra distance when required.

Creating a successful environment
Contribute to making Latrobe Community Health Service a positive, respectful, innovative and healthy place to be.

Acting with the utmost integrity
Practice the highest ethical standards at all times.

Board Chair and CEO statement

Health is shaped by much more than the care someone receives when they are unwell. The conditions in which people live, work, learn, and connect with others all play an important role in our wellbeing. These circumstances can influence whether people have the resources, opportunities and support they need to live healthy and fulfilling lives.



Paul Ostrowski
Chief Executive Officer

Stelvio Vido
Board Chair

This year, these factors were even more significant for our communities. The cost of living continued to loom large, with international conflict, inflation and interest rate pressures placing additional strain on households. These challenges can affect anyone, but they are often felt most deeply by those experiencing disadvantage or facing barriers to accessing care. They stretch the resources people have available to focus on their health and wellbeing.

As an organisation, LCHS is navigating similar challenges that impact how we deliver health and support services to our communities.

The Board and Executive continue to respond to reforms and changes in areas such as aged care and the NDIS, alongside broader economic pressures both in Australia and overseas.

In this context, 'make it sustainable' is a constant consideration for the Board. Sustainability stems from listening and adapting to changing community needs and expectations. This ensures we remain relevant and deliver value. And if we deliver value, we can continue to thrive and grow. That growth creates opportunities to do more for more people. Accordingly, the Board looks for opportunities to expand and enhance our current services.

'Making it one' and 'making it easy' is a challenge for an organisation as complex and mature as LCHS, but the Board is committed to creating an integrated and cohesive experience for clients and staff. Over the financial year the Board supported a range of initiatives to achieve this, from a refreshed LCHS Model of Care, to upgrading core digital systems. As different as those two examples may seem, they illustrate our drive to create an organisation that is easy for clients and staff to engage and work with.

We undertook extensive consultation with our clients, community and staff to develop and launch the new Model of Care. This work reflects our long-standing commitment to ensuring every person we support experiences the same high-quality, connected and person-centred approach to care—regardless of the service they access or the way they enter our programs.

Our investment in core digital systems will help LCHS make better use of technology to improve how we deliver care. Our key areas of focus include better data integration and analytics, artificial intelligence, remote technology, predictive healthcare and cybersecurity.

The lens of 'make it one, make it easy, make it sustainable' applies equally to the Board as it does to LCHS operations. During the year the Board undertook the most significant review of the Board's governance framework in more than a decade, assessing it against the three pillars of our strategic plan. Changes to the governing documents, Board and committee structures, and meeting formats have streamlined governance processes while maintaining strong oversight of compliance and risk. The revised approach provides a more balanced distribution of responsibilities between the Board and its committees, creating greater capacity to focus on our strategic priorities and long-term organisational success.

This year, we farewell a long-standing member of the Board, Joanne Booth, who will finish her tenure at our 2026 Annual General Meeting in October. Joanne leaves us after nine years on the Board, where she brought a wealth of experience to governance, risk management, clinical governance, audit and strategy at LCHS. Joanne is a very experienced executive leader, and throughout her time on the Board, she contributed strongly to each of our sub-committees. On behalf of the Board, and everyone at LCHS, we thank Joanne for her sustained contribution and wish her the very best. At the same time, we are very fortunate to welcome two new Board Directors to LCHS, Dean Tillotson and Jacqui Weatherill. Both Dean and Jacqui have diverse executive leadership and governance experience. We look forward to working with them during this very exciting time at LCHS.

We also acknowledge the passing of Peter Wallace in November 2025. Peter joined the LCHS Board in 2007 and served for 11 years until October 2018. He was a valued and respected Board Director whose leadership, insight and commitment left a lasting legacy at LCHS. We extend our deepest condolences to Peter's family, friends and former colleagues.

The 2025-26 year has been one of continued growth, achievement and energy for LCHS.

We extend our sincere thanks to our funding partners for their ongoing trust and support of LCHS.

We acknowledge our Board Directors and Independent Members for their ongoing commitment, insight and stewardship throughout the year. Thank you for your guidance as we build on the strong foundations of LCHS and work together to deliver our vision for the future.

We thank our staff for the work they do every day to ensure people across our communities can thrive through care, support, education and connection. We also acknowledge our leaders across the organisation for supporting their teams through a period of continued growth and change.

To our volunteers, thank you for the time, energy and care you bring to our organisation. Your contribution allows us to do more for our communities and strengthens the connection between LCHS and the people we serve.

Finally, thank you to our clients and communities who continue to place your confidence in us. Your stories, experiences and feedback help shape the work we do every day, and we would not be able to deliver on our purpose without you.



Paul Ostrowski
Chief Executive Officer



Stelvio Vido
Board Chair

Financial summary

Latrobe Community Health Service (LCHS) delivered a net surplus of $3.8 million and retained a strong financial position in 2025/26 . Financial ratios and cash position remained healthy and within financial strategy benchmarks during the year.

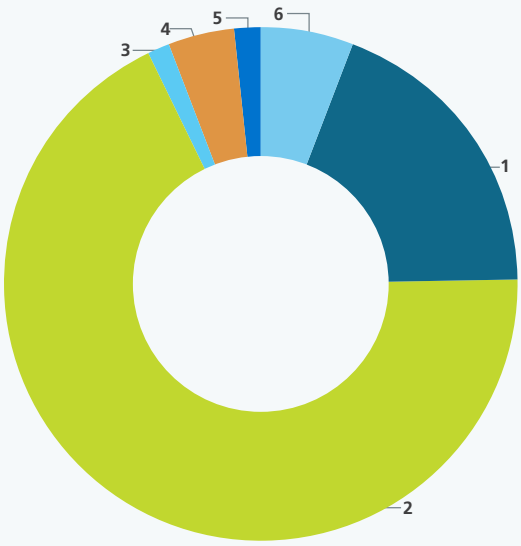
Operating results

Total revenue increased by 9.0% ($19.1 million) to $232.3 million.

Commonwealth revenue increased by 7.0% to $154.8 million and represents 66.6% of operating income received. The largest source of Commonwealth revenue relates to the National Disability Insurance Scheme (NDIS), which contributed $80.8 million in 2025 /26 (2024/25: $75.2 million).

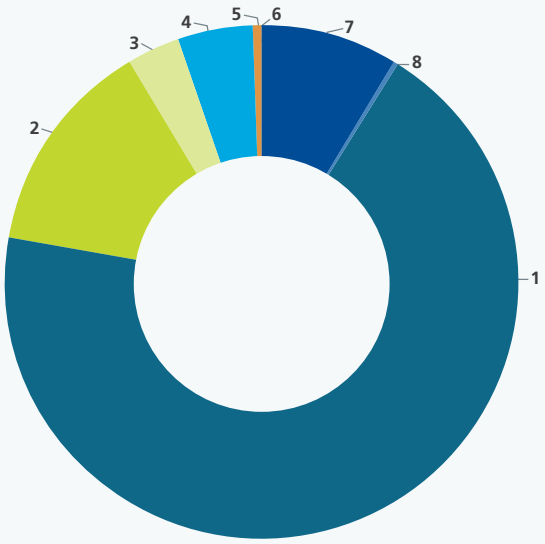
Operating expenditure increased by 10.4 per cent ($21.6 million) to $228.5 million. This was principally due to an increase in employment expenses which showed the largest increase with an additional $13.8 million spent during 2025-26.

Total revenue 2025-26



1. Department of Health and Department of Human Services **20.2%**
2. Commonwealth Government **66.6%**
3. Other **1.7%**
4. Client fees **5.1%**
5. Interest **1.1%**
6. Other Government grants **5.2%**

Total expenditure 2025-26



1. Employee benefits **68.3%**
2. Client support services **12.0%**
3. Contract labour **2.9%**
4. Depreciation and amortisation **5.1%**
5. Motor vehicle costs **0.5%**
6. Operating leases **0.0%**
7. Program administration costs **11%**
8. Utilities **0.3%**

**The main components making up 'program administration' costs are medical supplies, staff training, information technology, consortium payments and maintenance.*

Net results

Latrobe Community Health Service's overall net result for the 2025-26 financial year was a surplus of $3.8 million.

	2025-26 ($m)	2024-25 ($m)	2023-24 ($m)	2022-23 ($m)	2021-22 ($m)	2020-21 ($m)	2019-2020 ($m)
Net results							
What we receive - revenue	232.3	213.2	192.3	184.8	169.5	153.3	116.4
What we spent - expenses	228.5	206.9	189.8	182.0	163.1	149.5	113.9
Operating result for the year	**3.8**	**6.3**	**2.5**	**2.7**	**6.4**	**3.7**	**2.5**
Plus Link merger	0	0	0	0	0	10.6	-
Plus capital grants received	0	0	0	0	0	-	0.0
Net result for the year	**3.8**	**6.3**	**2.5**	**2.7**	**6.4**	**14.3**	**2.5**

Assets and liabilities

Latrobe Community Health Service's total assets increased by $5.4 million. This consists mostly of an increase of $4.5 million in other assets.

Liabilities increased by $1.84 million. This consists of an increase of $4.0 million in employee provisions which were partially offset by a decrease of $2.3 million in lease liabilities.

	2025-26 ($m)	2024-25 ($m)	2023-24 ($m)	2022-23 ($m)	2021-22 ($m)	2020-21 ($m)	2019-2020 ($m)
Assets and liabilities							
What we own - assets	167.3	162.0	155.4	150.5	141.9	146.2	98.8
What we owe - liabilities	57.6	55.8	56.0	59.7	54.8	64.2	41.7
NET ASSETS	**109.7**	**106.2**	**99.4**	**90.8**	**87.1**	**82.0**	**57.1**
Working Capital Ratio							
Current Assets/Current Liabilities	1.73	1.70	1.52	1.47	1.69	1.79	2.13
Debt Ratio							
Total Liabilities/Total Assets	**34.42%**	**34.42%**	**36.05%**	**39.66%**	**38.61%**	**44.19%**	**42.48%**

	2025-26 ($m)	2024-25 ($m)	2023-24 ($m)	2022-23 ($m)	2021-22 ($m)	2020-21 ($m)	2019-2020 ($m)
Cash flow including financial assets							
Cash flow from operating activities	12.1	9.4	9.3	6.9	9.9	26.9	11.7
Cash flow from investing activities	(1.4)	(4.0)	(5.5)	(4.1)	(15.5)	4.3	(2.6)
Cash flow from financing activities	(4.5)	(4.3)	(4.7)	(4.2)	(4.8)	(4.3)	(3.5)
Cash and cash equivalents at beginning of period	73.4	72.3	73.2	74.6	85.0	22.7	17.0
Cash and cash equivalents at end of period	**79.6**	**73.4**	**72.3**	**73.2**	**74.6**	**49.6**	**22.7**

Board and governance

Latrobe Community Health Service is incorporated under the Corporations Act 2001 as a Company Limited by Guarantee and is regulated by the *Australian Charities and Not-for-profits Commission Act 2012*. It is also registered with the Victorian Government as a community health service. It is governed by a skills-based Board of up to nine directors who are appointed by the Board.



Stelvio Vido
Board Chairperson

Appointed: 2018

Committees: G

LLB, BCom, MBA, GAICD – Director since 2018; Chair of the Board Governance Committee.

Board skills and experience

Stelvio is an experienced Board Director with more than 25 years of Board experience across a range of sectors including health and human services, group training and employment services, community legal aid, and TAFE.

He also has extensive executive experience, having worked in senior leadership roles in community organisations, management consulting, local government, and commercial media. Stelvio is currently a Director of Sunraysia TAFE.



Bernadette Uzelac AM
Board Deputy Chairperson

Appointed: 2019

Committees: Q G

Grad Dip Organisation Change and Development, B.Com, FIML, GAICD – Director since 2019; Chair Board Quality & Safety Committee, Member of the Board Governance Committee.

Board skills and experience

Bernadette brings a strong background in human resources and business entrepreneurship, with a deep commitment to supporting regional communities. She has extensive board experience across a broad range of public sector and not-for-profit organisations, including aged care, disability, education, the arts, sport, health, and business.

Based in Geelong, Bernadette also provides board governance consulting services to not-for-profits and family businesses. She currently serves as Deputy Chair of the Kardinia Park Stadium Trust and as a Trustee of the Geelong Cemeteries Trust.



Nathan Voll

Appointed: 2016

Committees: A N

Grad Cert Bus Mgt, B Com, MBA, FCPA FAICD – Director since March 2016; Chair Board Audit & Risk Committee, Member Board Nominations Committee

Board skills and experience

Nathan has over 25 years of experience in the private and public sector in management, consulting and finance and accounting. He is currently the regional finance manager for South Eastern Victoria with the Department of Education and Training. He previously worked as the general manager of corporate services at the Department of Justice and Regulation. Nathan has experience in the healthcare sector serving on the Board of Latrobe Health Insurance for twelve years and as a Board Director of West Gippsland Healthcare Group (WGHG) for six years. He has served as a member of the Latrobe Health Risk and Investment Committees and chaired their audit committee. Nathan is the Chair of Maryvale Private Hospital.

He is the Chair of the Gippsland Primary Health Network, a former Chair and independent member of their Audit Risk and Finance Committee, a former Director and member of the WGHG audit committee and clinical governance committee and was previously on the Faculty of Education Board at Monash University. Nathan was a Director of Quantum Support Services, enabling its successful merger with Melbourne City Mission. Nathan is a Fellow of CPA Australia (Certified Practicing Accountant) and a fellow of the AICD.

Committee key

A Audit and Risk Committee
Q Quality and Safety Committee
G Governance Committee
N Nominations Committee



Murray Bruce

Appointed: 2018

Committees: N

LLB, BA (Political Science), GAICD – Director since 2018; Chair of the Board Nominations Committee; Member of the Board Governance Committee.

Board skills and experience

Murray is an experienced director, commercial lawyer and government executive. He has extensive Board and governance experience with expertise in areas of strategic planning, risk management, commissioning, change management and policy development. Murray has held senior roles at the Department of Health and Human Services, including as the Director of the Victorian Bushfire and Flood Appeal Funds from 2010 to 2014.

Prior to this, Murray was a senior solicitor in the Victorian Government Solicitor's Office and also developed policy, legislation, and ministerial orders at Consumer Affairs Victoria. He started his career working in private practice as a barrister and solicitor for Martin, Irwin & Richards Lawyers in Mildura from 2004-2007. Recently, he was Director of the Commercial & Property Law Division at the Department of Education and Early Childhood Development, and he has served on the Board of the Gippsland Primary Health Network for the past nine years.



Joanne Booth

Appointed: 2017

Committees: Q G

Grad Cert Internal Audit, Grad Dip Occupational Health, Advanced Cert Nursing, Cert General Nursing, Cert Governing Non-Profit Excellence, BA, Master Public Health. GAICD, – Director since 2017; Member of the Board Quality & Safety Committee, Member of the Board Governance Committee.

Board skills and experience

Joanne has a background in public health and policy, and she is committed to improving health and social outcomes for disadvantaged people and communities. She is an experienced non-executive director, board chair and former chief executive and has worked extensively in the health, not-for-profit and public sectors. She also operated a governance and risk management consultancy in Victoria until 2024.

Joanne has held multiple Board and committee appointments in the Victorian health, water and employment sectors. She is a graduate of the AICD and completed Governing for Non-Profit Excellence at Harvard Business School.



Donna Goldsmith

Appointed: 2023

Committees: Q

BA Nursing, Post Grad Dip Critical Care Nursing, Master of Clinical Nursing, Masters of Bus. Admin, GAICD– Director since 2023; Member of the Board Quality & Safety Committee.

Board skills and experience

Donna is an intensive care nurse at Austin Hospital, with experience in many areas of healthcare including provision of primary healthcare in a remote First Nations community in far north Queensland and the Northern Territory. Donna was previously a farm co-owner in regional Victoria which included a retail farmgate employing individuals living with a disability as part of a vibrantly inclusive community. Donna has extensive strategic planning board experience in several not-for-profit organisations including at the Box Hill Cemetery Trust for seven years, Whitehorse Community Enterprises Ltd (Bendigo Bank Blackburn South) for two years, Victorian Voluntary Assisted Dying Board member for two years, as well as being a sessional member of VCAT for two years. Donna is currently the executive officer for the Australian and New Zealand Intensive Care Society Clinical Trials Group.

Board and governance



Tanya James

Appointed: 2023

Committees: A

Bachelor of Arts (Political Science), Master of Science in Accountancy, US CPA, GAICD – Director since 2023; Member of the Board Audit & Risk Committee.

Board skills and experience

Tanya is an experienced management consultant and corporate finance executive with a focus on strategic vision and analysis, solution development and forensic audit. She was an external auditor for Deloitte & Touche in the US and Russia and is currently working with the Department of Education most recently as the senior manager of sector monitoring, early learning operations and monitoring. Tanya held a non-executive Director position on the Women's Cancer Resource Centre's Board in the USA and was a Director and chaired the International Service Committee for the Rotary Club of Orono (USA).

Tanya previously chaired the finance committee for Brighton Secondary College and has served as a college councillor and treasurer. She is a GAICD and was a Non-Director Member of LCHS's Board Audit and Risk Committee from 2018-2023.



Jacqui Weatherill

Appointed: 2025

Committees: N

BA (Rec), Grad. Dip (Sports.Sci), MBA, GAICD – Director since 2025; Member of the Board Nominations Committee.

Board skills and experience

Jacqui Weatherill is an accomplished public sector leader with over 20 years of senior executive experience in not-for-profits, local government, and the broader public sector. Currently, Jacqui is the CEO of the Greater Dandenong City Council, where she has been leading since 2022. She is an energetic and visionary senior executive with a passion for positively influencing organisational leadership and corporate culture to achieve enterprise-wide transformation and change.

Jacqui has held Board and executive roles across Local Government, State Government, and the not-for-profit Sector. She is deeply committed to working with diverse communities and making a meaningful difference. Jacqui is also dedicated to promoting community health and wellbeing. Her work in this area is driven by a belief in the importance of supporting healthy, thriving communities through accessible and inclusive health programs. In 2017, Jacqui was honoured to be named one of the Top 50 public sector women in Victoria.



Dean Tillotson

Appointed: 2025

Committees: A

BA (Financial Management and Economics), MBA, FGAICD – Director since 2025; Member of the Board Audit & Risk Committee.

Board skills and experience

Dean has an extensive background in strategic development and oversight, particularly in health services, finance, risk management and governance. Dean has overseen the delivery of clinical services and clinical governance within Medibank Private, Australian Health Management (ahm) and the Southeastern Primary Health Network, the latter two as the inaugural CEO.

He was also previously the CEO of VicRoads and VicRoads Joint Venture. Dean's board experience includes Mentor for the AICD Chairs Mentoring Program, Deputy Chair of Australian Volunteers International (AVI) and Chair of the Finance Audit and Risk Committee, and a former member of the Audit Safety Risk and Assurance Committee with Public Transport Victoria and the Sydney Business School Advisory Board.


Sarah
ndis
Community Health
MAKE IT EASY
ndis
Changing your plan

Board committees

The work of the Board is supported by four Board committees

- Audit and Risk
- Quality and Safety
- Governance
- Nominations

Board Audit and Risk Committee

The purpose of the Board Audit and Risk Committee is to assist the Latrobe Community Health Service Board to discharge its responsibility to exercise due care, diligence and skill.

The terms of reference relate to:

- Reporting financial information to users of financial reports.
- Applying accounting policies.
- The independence of Latrobe Community Health Service's external auditors.
- The effectiveness of the internal and external audit functions.
- Internal control systems.
- Non-clinical risk management.
- Latrobe Community Health Service business policies and practices.
- Information and communication technology.
- Complying with Latrobe Community Health Service's constitutional documentation and material contracts.
- Complying with applicable laws and regulations, standards and best practice guidelines.
- Monitoring and evaluation of Latrobe Community Health Service's external investments in accordance with guidelines and policies.

The committee includes two Independent Members:

Tony Ficca (Board Audit & Risk Committee)

B.Com, FCPA, FAICD, Registered Tax Agent

Tony is an experienced non-executive Director and company secretary currently serving on Boards of a number of organisations including Wayss Ltd, The Geelong College, Strive2Thrive Geelong, Kardinia Park Stadium Trust and Great Ocean Road and Parks Authority. He has previously held several senior executive positions within the health care industry with his most recent position being Director of Finance and company secretary at Western Victoria Primary Health Network from 2013 to 2021. Prior to that role, Tony was the Director of Finance at St John of God Geelong Hospital for 10 years, consulted on strategic development and risk at Defence Health Insurance for one year and was the Executive Director Finance and company secretary at GMHBA Ltd for six years. Tony also operates his own consultancy business undertaking consultancy work in finance, risk and governance.

Rob Setina (Board Audit & Risk Committee)

B.Comm, LLB, Grad. Dip Applied Finance, MBA, GAICD

Rob is a senior leader with over 25 years of experience within both the private and public sector, and across business transformations and information technology including consulting. Rob is a skilled innovator and uses technology, workforce mix, practical thinking and empowerment as enablers to drive business transformation.

Board Quality and Safety Committee

The purpose of the Board Quality and Safety Committee is to assist the Latrobe Community Health Service Board to maintain systems by which the Board, managers and clinicians share responsibility and are held accountable for patient or client care, minimising risk to consumers, and continuously monitoring and improving the quality of clinical care (Australian Council on Healthcare Standards).

The committee also ensures Latrobe Community Health Service's quality and safety systems will support the implementation of the four key principles of clinical governance, which are:

- Build a culture of trust and honesty through open disclosure in partnership with consumers and community.
- Foster organisational commitment to continuous improvement.
- Establish rigorous monitoring, reporting and response systems.
- Evaluate and respond to key aspects of organisational performance.
- The Quality and Safety Committee is informed by the work of two staff committees:
- Occupational Health and Safety Committee.
- Clinical Governance Advisory Committee.

The committee includes two Independent Members:

Melissa McConnell (Board Quality & Safety Committee

GAICD

Melissa, a Graduate and Member of the Australian Institute of Company Directors (GAICD), is the current Director of MelSafe Audit & Compliance Services, as well as a non-executive Director with Cricket Victoria. Melissa brings experience in risk and compliance frameworks, specialising in policy and management system development to address stakeholder needs and legislative obligations. Her strengths lie in quality, safety, environmental, social accountability, modern slavery and information security systems, providing organisations with systems and strategies to meet their compliance arrangements.

Kellie Vivekanantham (Board Quality & Safety Committee)

Grad Cert Emergency Health, Adv Dip Bus. Man., B.A. Health Sciences Nursing, Post Grad Dip Health Service Management, Post Grad Dip Adv Nursing Critical Care, Master Health Service Management, Master Emergency Health, GAICD, AFCHSM CHM

Kellie is an experienced and certified health manager with strong leadership skills within diverse healthcare environments across key business areas including human resources, operations, budget, and quality risk and safety. Kellie has held senior leadership and management positions within the acute health industry for over two decades and is currently the divisional Director for Aged, General Medicine & Subacute Services at Western Health and Board Director at Alexandra District Health.

Kellie spent 22 years working at Eastern Health where she commenced as a critical care trained registered nurse progressing her career to several senior management and Director positions. Kellie also held positions at Austin Health as the Divisional Manager of Emergency, Intensive Care and Endocrinology at Austin Health, as well as the interim divisional Director of the Medical Services Division. Kellie is committed to ensuring quality fiscal leadership in complex and challenging health environments whilst ensuring patients have access to safe, quality and timely care.

The Board Quality and Safety Committee is also informed by the work of Latrobe Community Health Service's Customer Voice Group. The committee facilitates consumer or community representative feedback to the organisation to influence health services, policy, systems and service reform from the consumer perspective.

This includes:

- Providing a consumer and community member perspective that reflects their health journey and the collective experience of health consumers and community members.
- Helping the organisation to think about things from a consumer perspective by raising consumer concerns and views.
- Providing broader community feedback to inform system and service level improvements.
- Engagement with formal and informal consumer and community networks.

Board Governance Committee

The role of the Board Governance Committee is to assist and advise the Board to fulfil its responsibilities to Latrobe Community Health Service on:

- Matters relating to the composition, structure and operation of the Board and its Committees.
- Matters relating to CEO selection and performance.
- Remuneration.
- Other matters as required by the Board.

Board Nominations Committee

The Board Nominations Committee provides advice and recommendations to the Board on specified matters as set out in the Latrobe Community Health Service Constitution. These include conducting searches for Independent Members and Directors including reviewing appointed nominations for validity, providing advice to the Board on the prevailing skills matrix, and consulting with the Board regarding preferred candidates.



Board attendance

Details of attendance by Board Directors and Independent Members of Latrobe Community Health Service at Board, Board Audit and Risk Committee, Board Quality and Safety Committee, Board Governance Committee, and Board Nominations Committee meetings held during the period 1 July 2025 – 30 June 2026, are as follows:

Directors	Meetings									
	Board		Board Audit and Risk Committee		Board Quality and Safety Committee		Board Governance Committee		Board Nominations Committee	
	A	B	A	B	A	B	A	B	A	B
Stelvio Vido	9	9	4^	4^	4^	4^	7	7	-	-
Bernadette Uzelac	9	9	-	-	3	3	7	7	-	-
Joanne Booth	9	9	1	1	4	4	5	4	-	-
Nathan Voll	9	9	4	4	-	-	2	2	1	1
Murray Bruce	9	9	-	-	-	-	7	5	2	2
Donna Goldsmith	9	8	-	1*	3	3	-	-	1	1
Tanya James	9	9	3	3	1	1	-	-	1	1
Jacqui Weatherill	7	7	-	-	-	-	-	-	1	1
Dean Tillotson	6	6	3	3	-	-	-	-	-	-
Mark Biggs [1]	2	2	1	1	-	-	-	-	-	-
Placido Cali [2]	2	2	-	-	1	1	-	-	-	-
Leanne Mulcahy [4]	-	-	-	-	-	-	-	-	1	1
Independent Members										
Robert Setina	-	-	4	4	-	-	-	-	-	-
Tony Ficca	-	-	4	4	-	-	-	-	-	-
Melissa McConnell [3]	-	-	-	-	3	3	-	-	-	-
Kellie Vivekanantham	-	-	-	-	4	4	-	-	-	-
Leanne Mulcahy [4]	-	-	-	-	-	-	-	-	1	1

Notes:
Column A: Indicates the number of meetings held while Board Director / Independent Member was a member of the Board / Board Committee.
Column B: Indicates number of meetings attended.

^ Board Chair will on occasion attend board committee meetings.
* Attended as Observer

[1] *Mark Biggs' term ceased at the Oct 2025 AGM*
[2] *Placido Cali's term ceased at the Oct 2025 AGM*
[3] *Melissa McConnell resigned May 2026*
[4] *Leanne Mulcahy's term expired 31 December 2025*

Risk management

Latrobe Community Health Service maintains a robust and flexible Risk Management Framework that supports future growth, a safe environment, compliance and continuous improvement. This framework both promotes and is supported by a positive risk culture in which staff are able to identify and respond to emerging risks. Latrobe Community Health Service ensures effective risk management occurs by connecting the values and goals of the organisation with the practical risk management activities conducted by management and staff.

The objectives of the LCHS Risk Management Framework are to:

- Understand the LCHS operating environment, including the impact of external influences.
- Identify and define risks.
- Implement risk control and mitigation strategies.
- Monitor our risk exposure so it remains within our risk appetite.
- Provide assurance and reporting in relation to risk activities, emerging risks, key risks and indicators of risk culture.



The Latrobe Community Health Service Board oversees the organisation's strategic risk management. Operational risk management is overseen via the Board Audit and Risk Committee and the Board Quality and Safety Committee.

All staff members at Latrobe Community Health Service are responsible for identifying, reporting and responding to risks in a timely and effective manner.

During 2026, Latrobe Community Health Service strengthened its risk management review and reporting processes. In response to the fuel crisis, a new organisational risk was identified, assessed and regularly monitored to support continuity of services, maintain supply chains, and manage personnel mobility. This proactive approach enabled the organisation to respond effectively to the changing external environment while continuing to deliver services to the community and supporting our personnel, including students and volunteers, across an extensive service delivery area.

A positive risk culture at Latrobe Community Health Service is one where staff, volunteers and contractors fulfil their risk management responsibilities to help manage client, community, organisation and workforce risks.

Organisation structure



Paul Ostrowski

Chief Executive Officer

Paul commenced as Chief Executive Officer in 2023 with 25 years of experience in the health and community services sector, both locally and internationally.

Prior to joining Latrobe Community Health Service, Paul was Chief Executive Officer of another major Australian home care provider specialising in community aged and transitional care services.

Paul has a Bachelor of Engineering, a Masters of Management, is a graduate of the Australian Institute of Company Directors (AICD), and a Director on the Board of the Latrobe Health Assembly.



Vince Massaro

Executive Director – NDIS & Assessment Services

Vince is responsible for NDIS and Assessment Services, incorporating Local Area Coordination (LAC), Early Childhood Approach (EC), and Assessment Services.

LAC services assist eligible participants to engage with the NDIS and support participants to create and implement their plans, along with providing capacity building activities and information, linkages and support for people not eligible for the NDIS.

Early Childhood Approach services undertake a holistic assessment of children with developmental delay or disability and their families. In delivering EC, we assist families to determine the right supports to help meet their individual goals.

Assessment Services include Aged Care Assessments, Veterans' Home Care and Care Finders, providing comprehensive assessments and tailored recommendations to connect people with the supports they need to maintain independence and quality of life.

Vince has a Bachelor of Arts, Graduate Diploma of Social Welfare, and Graduate Diploma of Business Administration.



Michelle Francis

Executive Director – Specialist & Community Services

Michelle Francis is the Executive Director of Specialist and Community Services, leading programs in mental health and addiction, health promotion, paediatrics, youth, multicultural services, community development, and family violence. She also leads the Gippsland AOD Consortium, the Pharmacotherapy Area-Based Network, and is Executive Sponsor for the First Nations Health and Wellbeing Strategy.

With postgraduate qualifications in Addictive Behaviours and Business Administration, and as a graduate of the Australian Institute of Company Directors, Michelle brings over 15 years' experience across service delivery, research, and leadership in health and human services. She is dedicated to strengthening services that are person-centred, innovative, collaborative, and responsive to community needs.



Matt Vella

Executive Director – Senior & Adult Integrated Health

Matt is responsible for the Senior and Adult Integrated Health directorate, which includes Home Care Services, the Commonwealth Home Support and Carers Program, Allied Health and Nursing.

These services oversee both centre-based and community-based aged care support, as well as community development initiatives aimed at improving the quality of life for the older community.

In addition to his leadership in these areas, Matt plays a key role in several consortia and partnerships, driving initiatives related to elder abuse prevention and catchment-based planning.

His work ensures that these critical programs are effectively coordinated, delivered, and continuously improved to meet the evolving needs of the community.



Vicki Doherty

Executive Director – Medical Services & Oral Health

Vicki is responsible for overseeing medical services and oral health at LCHS, ensuring high-quality clinical care and strategic leadership across these service areas.

With a strong background in health research, policy, and executive leadership, Vicki is committed to driving service innovation, strengthening partnerships, and improving health outcomes for the community.

She previously served as Executive Director of the Australasian Menopause Society (AMS), where she led national advocacy to raise awareness of women's health issues and contributed to major government investment in the sector. Vicki has also held a board position with the Gippsland Primary Health Network.

Vicki has a Bachelor of Science (Hons), a Master of Public Health, a Postgraduate Certificate in Education, and is a graduate of the Australian Institute of Company Directors.



Tara Oldham

Executive Director – Clinical Policy and Practice

Tara is Executive Director – Clinical Policy and Practice at LCHS. In her role, Tara works to reinforce our clinical leadership by developing and overseeing clinical strategy, governance and practice.

Tara is an experienced healthcare leader and Registered Nurse with a diverse background spanning executive, management and clinical roles across primary health, acute, and aged care. Her previous leadership roles include positions at Lyrebird Villages during the demanding COVID-19 period and at West Gippsland Healthcare Group, where she drove improvements in clinical practice and care delivery.

Tara is known for her collaborative approach and ability to unify teams, drive operational excellence, and implement evidence-based improvements that enhance care quality and outcomes.

Tara holds a Bachelor of Nursing and Master of Nursing (with Distinction) with majors in Advanced Practice and Management & Leadership.

Organisation structure



Steve Avery

Executive Director - Corporate and Chief Financial Officer

Steve is responsible for finance and procurement, governance, client services, facilities and fleet, customer insights and engagement, and client reporting. Steve is also the Chief Financial Officer of the company.

Steve has 25 years of experience in the health services sector. Prior to joining Latrobe Community Health Service, Steve has held a number of senior management roles in public, not-for-profit and for-profit health care organisations.

Steve has a Bachelor of Business, an Executive Masters of Business Administration, and is an active registered Certified Practicing Accountant (CPA).



Michelle Webster

Executive Director – People, Learning & Culture

Michelle is responsible for the employee experience across the entire employee lifecycle from recruitment and onboarding, talent management, health & safety, IR/ER, volunteering and the development of systems and frameworks which promote a positive organisational culture.

With a strong background in strategy, Michelle is dedicated to enhancing the learning and development programs within Latrobe Community Health Service, aligning the workforce with the strategic goals of the organisation, ensuring the continuous growth and engagement of all employees.

Michelle has a Master of Business Administration, a Bachelor of Applied Science (Physical Education) and a Graduate Certificate in Health Promotion.



Arindam Chaudhuri

Executive Director – Digital Health

An accomplished Digital Health Executive, Arindam is responsible for digital transformation, technology diffusion, and capacity-building across the organisation.

Arindam is highly-experienced in the healthcare sector with more than 25 years of experience working as a technology professional in both the public and private sector in Australia. Prior to joining Latrobe Community Health Service, Arindam was Executive Director Digital Health at Northern Adelaide Local Health Network.

Arindam has a Master of Business Administration, a Master of Engineering, and a Bachelor of Engineering


Community Health
Erum

Our strategic plan 2025-29

Last year, we introduced a new five-year strategic plan that set a new direction for our organisation. In 2025-26, we focused on translating that vision into action, embedding our priorities across the organisation and ensuring our work continues to respond to the changing health and wellbeing needs of the communities we serve. Here is a snapshot of our strategic plan. The following pages of this annual report detail our progress against each initiative.

Our strategic priorities



MAKE IT ONE.

Enhancing the experience and outcomes for both the people we support and our staff.



MAKE IT EASY.

Simplifying engagement with LCHS, both for people we support and our staff, by investing in efficient fit-for-purpose technologies, systems and processes.



MAKE IT SUSTAINABLE.

Strengthening LCHS' sustainability through strategic growth, financial discipline and environmentally conscious practice.


KAT TILLMAN

Strategic initiatives

Initiative 1

Refine our model of care

When we launched our strategic plan for 2025-29, we set ourselves the goal of providing a consistent care experience across the organisation — a care experience that spans the multitude of services we deliver. We want our clients to experience the same set of attitudes and behaviours from our clinicians, regardless of whether that clinician is a doctor, dentist, or dietitian. While consistency is something we have always aspired to at Latrobe Community Health Service, we needed to better define what consistency looks like, so our clinicians can easily put it into practice.

Under this strategic plan we are formally defining how care at LCHS is designed, delivered and experienced across all of our programs. This financial year, we have created a new Model of Care—named Your Journey, Our Care—which translates our goal of consistency into a clear, organisation-wide blueprint that staff can understand and embed in everyday practice.

Your Journey, Our Care promotes an intentional and aligned approach to care across all of our services. While our services differ in health discipline, clients can expect a coordinated and reliable experience that reflects our values and commitment to quality.

Your Journey, Our Care describes a consistent client journey from first contact through to review and adjustment of care. It prioritises the moments a person receives care or support from Latrobe Community Health Service, whether through direct service delivery, advice, coordination or follow-up. These interactions are our points of care, and are guided by a clear purpose:

"To provide safe, inclusive, and respectful care that builds trust, supports wellbeing, and empowers people and communities at every stage of life."

Our point of care purpose defines the experience our staff will create in every interaction, and acts as a daily compass, regardless of role or setting.

We developed Your Journey, Our Care through extensive co-design with clients, carers, staff, leaders, volunteers, board directors and subject matter experts. The process included six initial and two follow-up all-staff sessions, two sessions with our Customer Voice Group, and consultation with our Aged Care Consumer Advisory Body. It also included one-on-one sessions with staff from more than 20 different clinical care and support services. As such, Your Journey, Our Care reflects contemporary evidence and the lived experience of the communities we serve.

The next stage of implementing Your Journey, Our Care is to embed it across all areas of the organisation and integrate it into everyday practice. To achieve this, we are engaging with teams across the organisation to understand the resources, systems and guidance needed to ensure the model of care becomes business as usual.

Collaborative model for dignified end of life support

For people approaching the end of their lives, being able to remain at home surrounded by the people who matter most can make a profound difference. While many of our clients tell us this is where they want to be, it is not always their reality. This year, we strengthened our ability to support that choice through the new End-of-Life Pathway under the Australian Government's Support at Home program.

Launched in November 2025, the Support at Home program replaced the Home Care Package program to deliver a simplified yet more comprehensive in-home aged care service for older Australians. For people with three months or less to live, the End-Of-Life Pathway provides additional funding and access to tailored supports that help people remain where they most want to be.

As a Support at Home provider, Latrobe Community Health Service prepared for the new End-of-Life Pathway by designing a model of care that places participant choice front and centre.

Our model includes in-home visits from a registered nurse and care partner, who complete a comprehensive assessment of each person's health and support needs. From there, we develop an individualised care plan tailored to that person's circumstances and preferences.

We have integrated a broad range of internal services and established clear processes to help staff prioritise urgent requests. Wherever possible, we connect participants with our in-house services, including allied health, personal care, respite and domestic assistance, helping to maintain continuity of care and timely access to support. We also arrange additional services that may be required through brokered providers, and work closely with affiliated palliative care teams to facilitate access to other palliative care services when needed.

Our coordinated approach gives participants timely access to services while they remain safe and comfortable where they'd rather be, at home. Carers have also told us they are able to spend less time on administrative tasks and more meaningful time with their loved ones as they near death.

Our model of care gives staff the framework to identify and act on what matters most to each person, ensuring their preferences are addressed as soon as possible. Our team delivers ongoing case management and weekly care plan reviews to respond proactively to changing needs. Overall, our End-Of-Life Pathway demonstrates how we bring services together in a coordinated and intentional way, to help people receive the right care, at the right time, in the place they choose.

Initiative 2

Develop a quality framework

Latrobe Community Health Service delivers care across a breadth of clinical, social, community, disability, and aged care services. This means our approach to governance must extend beyond the boundaries of traditional clinical governance. When we think of quality at Latrobe Community Health Service, we therefore think of the full range of our services — recognising every person, in every role, contributes to the safety, quality, and experience of the people and communities we support. Governance is not only the responsibility of clinicians. Quality and care outcomes are shaped as much by culture, communication, environment, systems, administration, and partnerships as they are by clinical practice itself.

In 2025-26, we developed a new Quality, Clinical and Care Governance Framework, which outlines how we deliver safe, effective, person-centred, and connected services.

At Latrobe Community Health Service, we define high-quality care with these four core pillars:

- Safe
- Effective
- Person-centred
- Connected.

The framework organises quality and safety into five governance domains.

1. Leadership, culture and governance
2. Client experience and partnership
3. Workforce and environment
4. Safety and risk
5. Care and practice excellence.

Together, these domains describe how we govern services, monitor performance, manage risk, partner with clients, support staff, respond to incidents, strengthen practice, and continually improve.

This framework connects strategy to practice, assurance to improvement, and governance to the lived experiences of clients. Most importantly, it makes clear that quality and safety are everyone's business, every day, in every service, and in every interaction with the people and communities we serve.

Like our Model of Care, this financial year we focused on developing the framework through extensive input from internal and external stakeholders. The next financial year will focus on embedding it into day-to-day practice across all levels of the organisation.

Accreditation results confirm our quality

Latrobe Community Health Service holds accreditation against the Quality Innovation Council Health and Community Care Standards. As part of our regular review on progress, the accrediting agency, Quality Innovation Performance (QIP) conducts a 'mid-cycle' review during the three-year accreditation term. During our latest review in March 2026, the assessor commended the depth of planning behind our current projects.

Latrobe Community Health Service is accredited against the following standards:

- Quality Innovation Council (QIC) Health and Community Services Standards
- Child Safe Standards
- Strengthened Aged Care Quality Standards
- Social Services Standards
- RACGP Standards for General Practice
- Diagnostic Imaging Accreditation Scheme
- Interdisciplinary High Risk Foot Service (iHRFS) Standards

We are currently undergoing accreditation renewal for several other standards.

High quality documentation with the introduction of Prompt

Last year, we reported on work we had started to transition to a new document management system made up of two platforms, Prompt and SPARK (SharePoint). We implemented the project to give staff access to clear, up-to-date documentation that is easy-to-find, supporting our delivery of high-quality care.

The project reached a significant milestone with the successful go-live of Prompt and SPARK on 20 October 2025, marking the retirement of the previous system, eKey. The new platforms provide enhanced functionality and improved document management capabilities. Beyond serving as a documentation management tool, Prompt enables information sharing between Latrobe Community Health Service and other healthcare organisations for benchmarking and best practice comparison.

These additional capabilities ensure we continue to deliver high quality services aligned with sector standards. The successful implementation of Prompt and SPARK has significantly enhanced document management across the organisation, providing long-term benefits for staff, service quality and client outcomes.



New support group helps palliative care clients make decisions about death

Many people might not think having a cup of tea in a social setting can do much for their future health goals, but that's exactly what our new Palliative Care Social Support Group achieves.

The support group introduces palliative care clients and their carers to other people in similar situations, while educating everyone about what to expect for the road ahead, and the different services available at Latrobe Community Health Service.

"It all started because we have a lot of clients our nursing team visits each month. To get the most out of those check-ins, we wanted to make them team-oriented and social," Community and Palliative Care Clinical Nurse Consultant, Monique Brentnall, said.

"This opened the opportunity for our clients to meet other teams within the organisation so they could get information ahead of time, not when it became urgent."

Each week over a cup of tea, the group hears from our social work, occupational therapy, dietetics and counselling teams. Not only do participants get to meet the healthcare providers that may deliver their services, but they also receive information to help them prepare for end-of-life care.

Monique said preparation in palliative care was key; the more prepared clients were, the more likely they would feel comfortable, in control, and able to die at home.

"In Victoria, we know 70 per cent of people say they want to die at home, but only about 15 per cent do. A lot of this is due to not being prepared," Monique said.

"We want people to think of palliative care like giving birth. People would typically do a birthing class, share stories with other mothers, and have a birth plan. Death is the same; it's something we can educate ourselves on, prepare for, and make decisions around. We find the earlier people have these discussions, the more likely they get the outcome they want."

Initiative 3

Develop a brand strategy

Developing a unified brand strategy remained a key focus for Latrobe Community Health Service in 2025-26. This year, we added multiple programs to our service offering. While not all required new branding or logos, this growth alone reinforces the need for a well-positioned brand that helps more people easily recognise us and the breadth of services we provide.

This financial year, we began the research phase of our brand strategy, gathering evidence to inform future decisions about our brand names, logos, visual identity and how people recognise and experience our brand. The research will draw on surveys, focus groups, and interviews with both customers and non-customers, alongside existing insights from our customer feedback tools and Customer Voice Groups. These activities will provide the evidence needed to develop a brand strategy that reflects the needs and expectations of the diverse communities we serve.

We will engage an external agency to undertake research across all aspects of the Latrobe Community Health Service brand, including:

- Brand awareness and recollection
- Associations with our brand names, logos, and visual identities
- Views on products or services offered
- Views on our reputation and credibility
- Emotional connections our brand(s) evoke

We will also engage a brand strategist to translate the research findings into a long-term brand strategy. In 2025-26, we consulted with multiple agencies and identified potential partners with the expertise to undertake the research and community engagement needed to help us develop a new brand strategy. Next financial year, we will begin the research and use the findings to develop our long-term brand strategy.





Initiative 4:

Build partnerships

Strong partnerships play a key role in creating a more connected health system and improving health outcomes. Our strategic plan acknowledges the challenges many people face when navigating a fragmented health and social care system. Seeking help can feel repetitive, with services and providers not always speaking or working with one another. On top of this, services are not always available where people need them most.

Through Initiative 4, we continue to build and strengthen partnerships with like-minded organisations to address service gaps, improve coordination between providers, and expand access to services in our local communities. By working with organisations that share our objectives, we continue to create a better experience for clients, reduce duplication, and support people to access the care they need, when and where they need it.

Specialist services close to home

Many people are prescribed opioid medications following an injury, surgery or to manage chronic pain. While these medicines can play an important role in treatment, long-term use or high doses can increase the risk of dependence, overdose and other health complications. The Opioid Management Clinic is a specialist service that supports people who are taking high or potentially risky levels of opioid medication and may benefit from specialist review, medication stabilisation and clinical guidance. For Gippsland residents, all appointments are delivered via telehealth and fully bulk-billed, providing free and timely access to care that would otherwise be unavailable in the region.

This service is delivered through a partnership between Latrobe Community Health Service, Ballarat Community Health and its Pharmacotherapy Area Based Network, Orticare. The partnership expanded Ballarat Community Health's established model from the Grampians and Loddon Mallee region into Gippsland and the Barwon South West, giving people in Gippsland access to specialist support for opioid-related concerns without travelling to Melbourne.

Both organisations contribute their strengths to this partnership. Ballarat Community Health provides the team of addiction medicine specialists, and we support the service locally by engaging with GPs, guiding referrals, and connecting clients with ongoing community-based care.

Early access to specialist advice reduces the risk of overdose and supports safer opioid use. By offering care through telehealth, the program reaches people living in rural and regional areas who may otherwise go without access to this service. Within Gippsland, people benefit from a sustainable model of addiction medicine support that enhances safety, access, and outcomes for people experiencing or at high risk of opioid-related harm.

We engaged 14 GP clinics across the region and reached more than 80 GPs and nurse practitioners to promote the service. Referral activity has increased, with Ballarat Community Health reporting twice as many referrals in May 2026 as in the previous three months. To date, 22 Gippsland residents have accessed the Opioid Management Clinic.

Partnering to support migrant health and social outcomes

Gippsland is home to a growing and diverse multicultural community. According to the Gippsland Primary Health Network, 12.4 per cent of people in Gippsland were born overseas.

For many migrants and refugees, navigating the Australian healthcare system can be challenging, particularly when language, cultural differences or a lack of familiarity with local services creates barriers to accessing care.

In response to these challenges, Latrobe Community Health Service secured funding from Gippsland Primary Health Network to establish the Multicultural Health Connector program. The program helps people from culturally and linguistically diverse backgrounds access and navigate the Australian healthcare system.

Aimed at increasing confidence among migrants and refugees in Gippsland, the program's multicultural health connector helped clients access healthcare, understand services, and exercise their rights as health consumers. The connector didn't just provide information; their role was to build trust, empower clients, and advocate for equal access to health and wellbeing services across the region. This important work involved close collaboration with community organisations, councils, and other health services, to strengthen partnerships and ensure local services are culturally responsive.

The Multicultural Health Connector program helped clients to communicate with doctors, pharmacies, hospitals and other health service providers; attend health appointments; access health information workshops for multicultural communities; and understand translated health information.

In 2025-26, the program helped approximately 60 people. One of the most common outcomes was the increase in confidence among our clients, with many able to book their own appointments or access preventative services on their own for the first time.

Finding employment can also be a challenge for people who are new to Australia. Migrants and refugees often face barriers such as limited local work experience or the confidence to apply for roles, unfamiliarity with Australian recruitment processes, language barriers, and overseas qualifications that may not be recognised by local employers. These barriers can make it difficult to secure meaningful employment, even when people have valuable skills and experience.

Recognising these barriers, we worked with Community College Gippsland, TAFE Gippsland and the Local Jobs Program to develop From Here to Care. The program brought together our Settlement Engagement and Transition Support (SETS) and Your Care Choice (YCC) teams to create employment pathways for migrant and multicultural community members.

The first-of-its-kind program combines industry-relevant pre-accredited training, workplace experience, mentoring, and tailored recruitment support to help participants build the skills, confidence and connections needed to enter the aged care workforce. The program culminates in a guaranteed interview with our YCC team for a domestic assistant role. From Here to Care is free for participants, thanks to funding secured through the Victorian Government's Adult Community and Further Education program.

In 2025-26, eight of the 12 participants received employment offers after completing From Here to Care, with 100 per cent of the new starters still employed. Our SETS team continues to help



the remaining participants who did not secure employment to pursue other roles. Two participants have also enrolled in a Certificate III in Aged Care.

Beyond individual employment outcomes, From Here to Care has strengthened collaboration across LCHS and enriched our workforce by introducing motivated, diverse, and skilled employees who bring warmth, compassion, and unique perspectives to care roles. By creating a culturally diverse, skilled and job-ready workforce, From Here to Care supports both successful settlement outcomes and the long-term sustainability of aged care services in Gippsland.

Aged care recruitment enhanced through partnerships

Strong, sector-wide demand for in-home aged care services has led us to explore new recruitment pathways to bolster our Your Care Choice workforce. YCC provides in-home support services, such as help with housework, personal care like showering and getting dressed, respite for carers, and social outings. These services help older Australians to live independently at home for as long as possible.

This financial year, our YCC team partnered with TAFE Gippsland and Community College Gippsland to engage students undertaking a Certificate III in Aged Care and showcase our employment opportunities. Together, we developed a recruitment presentation highlighting the benefits and flexibility of working with LCHS.

This partnership has resulted in the recruitment of 10 new team members this financial year, with plans to continue the initiative in the coming months.

This growth in our workforce has enabled Your Care Choice to deliver an extra 100 hours of service delivery per week, meaning more older Australians are receiving the care they need at home.

Women's health at the forefront

Gippsland women and gender-diverse people living with endometriosis and pelvic pain finally have access to free, specialist care close to home. In January 2025, LCHS partnered with the Gippsland Primary Health Network to launch the new Endometriosis and Pelvic Pain Clinic. One of 11 clinics funded by the Australian Government, the Gippsland clinic delivers specialist, coordinated care for people living with endometriosis, persistent pelvic pain, and related conditions in Gippsland.

The Gippsland clinic strengthens specialist health services for women and gender diverse people, and provides a multidisciplinary, GP-led model of care that:

- Improves access to diagnostic, treatment and referral services for endometriosis and pelvic pain.
- Manages care and symptoms for perimenopause and menopause.
- Increases access to allied health and support services.
- Provides inclusive and culturally safe care for all patients.
- Strengthens workforce expertise in women's health.

To date, 154 people have accessed the service in Morwell. Clients have told us they are experiencing improved quality of life after receiving timely assessment, treatment, care coordination, and access to allied health support for their endometriosis or pelvic pain.

Partnering with schools to improve early health outcomes

Partnerships between schools and community health organisations play an important role in supporting positive health and wellbeing outcomes for children and young people. This year, LCHS continued to work alongside schools and early learning services across Gippsland to deliver a range of initiatives that promote healthy lifestyles, wellbeing and early intervention.

One of these initiatives is the Achievement Program, a free Victorian Government and Cancer Council Victoria program that provides a framework and resources to support health and wellbeing in schools and early learning services. The program focuses on key priority areas including healthy eating, physical activity, mental health, and smoking and vaping prevention.

LCHS provides participating schools and early learning services with free one-on-one guidance, resources and practical support. This helps build the capacity of educators to plan, implement and sustain health and wellbeing initiatives within their school or service.

To encourage even greater uptake in educational settings across Gippsland, LCHS also developed a targeted 'Achievement in Action' grants program.

The funding helped educators to purchase practical resources, including outdoor play equipment, kitchen appliances and professional development opportunities focused on mental health and wellbeing. One early learning service reported a new conveyor toaster would improve the efficiency of its breakfast club, supporting more than 40 children each day. Another will use the funding to create an inclusive outdoor play space that enhances the wellbeing, safety and development of young children. In 2025-26:

- 10 schools applied for funding.
- $10,500 was awarded across nine schools, supporting three new Achievement Program registrations.
- $3,000 was awarded to early learning services, supporting one new Achievement Program registration.

Overall, 17 early learning services and 16 schools in Gippsland participated in the Achievement Program this year. Together, they have met the requirements of 19 health priority areas.

In the gambling space, LCHS partnered with schools to improve health outcomes for young people through the introduction of the Be Ahead of the Game program. The program was developed in response to schools reporting an increase in students engaging in online gambling during school hours.

Be Ahead of the Game helps young people understand the realities and risks of gambling, recognise the connections between gaming and gambling, and learn where to get help if needed. It includes three interactive workshops, provided free of charge to schools across Gippsland. Over the past six months, demand for gambling education workshops has increased by 143 per cent compared to the same period last year. This highlights the growing recognition of the need for gambling harm prevention education within school communities.

Latrobe Regional Health and LCHS combine expertise

We have continued our long-standing relationship with Latrobe Regional Health (LRH) to improve the health and wellbeing outcomes of Gippsland residents.

In the Alcohol and Other Drugs space, we partnered with LRH to support people being discharged from the Mitchell Unit, which provides specialised care for people experiencing alcohol and other drug-related health issues. Through collaboration between our two organisations, we have strengthened discharge pathways and linked people leaving hospital with community-based recovery services.

Hospital clinicians refer patients directly to LCHS and partner organisations before they are discharged from hospital. The referral includes key information such as client details, substance use concerns, discharge planning information and consent to contact, allowing community services like ours to begin engagement and coordinate follow-up care.

Before leaving hospital, clients can access intake and assessment to explore the community-based services they may need when they return home. This pathway creates continuity of care between hospital and community services, and supports people to continue their recovery from addiction while reducing their risk of repeat hospital presentations. Rather than navigating recovery alone, people leave the hospital already connected to the community services that will help sustain their chances of long-term recovery.

Our partnership with LRH has also expanded into early intervention care. Together, we have established a new evidence-based paediatric weight management clinic for children experiencing obesity. The impacts of obesity on a child's health are well-documented. Childhood obesity can have a significant impact on a child's physical health, emotional wellbeing, and development. It increases the risk of chronic health conditions such as type 2 diabetes, heart disease and joint problems, while also affecting self-esteem, mental health, and quality of life. Early intervention plays an important role in improving long-term health outcomes. The clinic supports children and young people to achieve better health by helping them and their families make practical and sustainable changes to their lifestyle.

In January, LRH hosted the first clinic, with LRH paediatricians working alongside LCHS clinicians. Children requiring follow-up therapy are referred to LCHS before returning to the clinic for ongoing review, creating a coordinated model of care across both organisations.

Our Urgent Care Clinic also continued to operate in Moe, seeing 13,958 patients for a range of health concerns including chest pain and respiratory distress, viral illnesses, fractures, and animal bites. LRH redirected 162 of their patients to our Urgent Care Clinic, and Ambulance Victoria transferred 135 patients to the centre. We have also referred more than 812 patients to LRH for additional care.



Initiative 5:

Develop and implement a growth strategy

As demand for our services continues to evolve, so too does our approach to growth. During the second year of our strategic plan, we have continued to strengthen the systems, partnerships, and capability needed to pursue new growth opportunities that align with our purpose. Rather than growing for growth's sake, our focus remains on expanding our impact in ways that respond to community need, support sustainable service delivery, and enable more people to access high-quality, person-centred care.

This financial year, LCHS received more than $154 million in federal funding to deliver Australian health and wellbeing programs, including:

- The National Disability Insurance Scheme (NDIS) Local Area Coordination and Early Childhood services across regional Victoria, Melbourne, and Sydney.
- The Support at Home program, which allows older Australians with complex needs to remain independent in their own homes.
- The Endometriosis and Pelvic Pain clinic, which reduces diagnosis timeframes and provides better care and pain management for those experiencing endometriosis, pelvic pain, and other chronic pelvic pain conditions.
- Assessments for older Australians who are applying for government-subsidised aged care services, such as care at home, respite, and supported residential accommodation.
- The Veteran's Home Care program, which provides assessment services that connect eligible veterans with practical supports to help them remain living safely and independently at home.
- The Supporting Recovery program, now in its second year, which has helped more than 300 people in the community recover from family, domestic and sexual violence through access to free, long-term mental health and recovery support.
- The Doctors in Secondary Schools program, which provides medical service access to high school students at Traralgon Secondary College and Kurnai College.

In 2025-26, we received more than $46 million in Victorian government funding to deliver a wide range of health and wellbeing initiatives, including:

- The Smile Squad school dental program across Inner Gippsland and Monash.
- The Latrobe Urgent Care Clinic, which has treated more than 13,000 people who would have previously gone to the local emergency department.
- The Community Health Nurse in Primary Schools program, which provides wellbeing education, health screening, service referrals and vision, hearing and dental checks to primary school students in the Latrobe Valley.
- Seniors Lifestyle Victoria, an initiative designed to support older Victorians in maintaining their independence, health, and social connections.

Growing to meet the demand in aged care

LCHS has supported older Australians to live independently at home for nearly 30 years, and demand for these services continues to grow. As more Australians choose to age at home, we are well-positioned to meet this growing need through our expansive community-based health and aged care service offerings.

We deliver more than 100 health and community care programs, providing older Australians with access to personal care, domestic assistance, GPs, dental care, nursing, mental health practitioners, podiatrists, physiotherapists, occupational therapists, dietitians, and more. This year, our Support at Home client base grew by 22 per cent, reflecting continued demand for integrated and well-connected care.

We also deliver in-home support through Your Care Choice, including house cleaning, grocery shopping, and social support. This year, Your Care Choice expanded into Melbourne's eastern metropolitan region for the first time, supported by the recruitment of five additional staff. Overall our YCC team grew by 61 per cent to a workforce of over 150.



Enhancing the lifestyles of Gippsland seniors

Our longstanding experience delivering aged care, community health and seniors-focused services has positioned us strongly to deliver the new Seniors Lifestyle Victoria program across Gippsland.

Seniors Lifestyle Victoria helps older Victorians to stay active, healthy and connected. The program helps people navigate the healthcare system and connects them with services and activities that matter most to their wellbeing and independence. As part of the program, a Seniors Lifestyle Victoria coordinator works alongside each participant to identify their health and lifestyle goals, connect them with appropriate services, and regularly review their support plan so it continues to meet their needs. Depending on a person's goals, services may include physiotherapy, nutrition advice, medication reviews and management, falls prevention programs, social groups, and other community-based services.

The program is funded by the Australian Government through the Strengthening Medicare – Supporting Older Australians package, which aims to reduce avoidable hospital presentations and admissions while improving the overall health and wellbeing of older Australians. Community health organisations like ours deliver the program on behalf of the Australian Government.

Since commencing the program, our outreach has extended to more than 150 community organisations across Latrobe, Baw Baw, Bass Coast, South Gippsland and Wellington, including community groups, health services, local organisations and councils. We've received approximately 190 referrals and we are supporting 174 clients.

Our appointment as the Seniors Lifestyle Victoria provider for Gippsland reflects our strong track record in aged care, service delivery, established partnerships with community groups and healthcare providers, and ability to support older people to remain connected, independent and engaged within their communities.

The program provides an important entry point into aged care services and strengthens opportunities for continuity of care through the Support at Home program as people's needs change.

Assessment services continue to grow

Many veterans face challenges that can make it harder to live independently as they age. Physical injuries, chronic health conditions, mobility limitations, social isolation and the ongoing impacts of military service can affect a person's ability to manage everyday tasks at home. These challenges can also place additional pressure on family members and carers.

The Veterans' Home Care program, delivered on behalf of the Department of Veterans' Affairs (DVA), helps eligible veterans access the practical support they need to remain living safely and independently at home. As part of the program, we provide assessment services that connect veterans with a range of supports, including domestic and personal care, home and garden maintenance, and in-home and residential respite care.

Support at Home: From Bairnsdale to Wodonga

Uprooting your life and moving more than 300 kilometres from Bairnsdale to Wodonga brings plenty of change—new hairdressers, new GPs, even a new favourite café.

Eighty-two year-old Elaine believed her Support at Home provider would need to change, too. But with LCHS, she discovered that wasn't the case.

"It all started because I was missing my family," Elaine said. "I have children, grandchildren and great-grandchildren, and they don't stay little for long. I wanted to be closer to them and make it easier for my family in Melbourne to visit me, too."

Elaine began receiving Support at Home services when she was in Bairnsdale, after a friend recommended she be proactive about her changing needs as she aged.

"I went around and got all the pamphlets and visited all the providers," she said. When asked why she decided on LCHS, Elaine said: "it was the people".

"I met my Care Partner, Jess, and she was so pleasant, helpful and honest. If you wanted something, she'd go into bat for you. I just knew she cared, and I cannot speak highly enough of her."

When Elaine made the decision to move, she felt comforted knowing LCHS provided Support at Home services in Wodonga, too. She spoke to Jess about the change, to make the transition as smooth as possible.

"Jess and I caught up and spoke about everything and how it would work. I thought to myself, even if I get someone half as good as her, I would be okay," she said.

Although the transition hasn't been easy with a recent knee surgery, Elaine accesses things like equipment, cleaning, help around the house, and transport services to make settling into her new place easier.

Elaine recognises how important it is to have these services in place; not only for her own peace of mind, but for her family's as well.



"At 82, it's a bit of a privilege to get to this age you know—how long is a piece of string? But to make it easier for our loved ones, we owe it to them to put everything we can in place," she said.

"Things are going to happen, but I don't want my son to worry about me. I just want to be independent for as long as I can."

By connecting veterans with services that meet their individual needs, the program helps them maintain their independence and quality of life while also providing valuable support to carers.

LCHS has delivered the Veterans' Home Care program in Western Australia for the past five years, supporting more than 2,500 veterans. In September 2025, LCHS expanded its service delivery into Tasmania, where we support more than 1,500 veterans. This growth reflects our expertise and commitment in supporting veterans to live with dignity, independence and security in their own homes.

Aged Care Assessment expansion into Hume region

In Gippsland, LCHS helps deliver the Australian Government's Aged Care Assessment Service (ACAS). Our ACAS team is made up of experienced and compassionate assessors who help older Australians and their families navigate their way through the aged care system. ACAS helps older Australians identify the types of services they need to stay at home, and our assessors spend time with each participant to explain their options and help them feel well-informed about their care.

In many instances, our assessors meet with people when they're feeling their most vulnerable or overwhelmed. This is either because they're entering the aged care system for the first time, or they might be receiving another assessment because their needs have changed.

This year, the Department of Health awarded LCHS an additional ACAS contract, allowing us to expand our ACAS offering into the Hume region in Victoria. From 1 July 2026, LCHS will operate as the lead provider for aged care assessments across Hume and Gippsland. We will do this work in partnership with Goulburn Valley Health and Gateway Health.

Access to youth mental health services grows in Melbourne's East

There is growing demand for youth mental health support in one of Victoria's fastest-growing and most culturally-diverse regions. Young people in the City of Casey, located in Victoria's southeast, face increasing challenges relating to mental health, social isolation, family stress, school disengagement and barriers to accessing help.

This financial year, LCHS secured a tender to deliver early intervention mental health services in partnership with the City of Casey and alongside Casey Youth Services. The Youth Counselling program provides free mental health support for young people aged 10–25 years across the municipality. The program delivers counselling, family consultations and advice for parents, community education, outreach, group therapy and case coordination.

The service fills a significant gap by providing free services where young people feel safest and most comfortable. Young people do not need a Medicare card or GP referral to get help.

We deliver counselling in youth-friendly community settings, improving access for culturally diverse, First Nations and LGBTIQA+ young people. Counselling is co-located within the City of Casey's Youth Information Centres in Cranbourne, Narre Warren and Hampton Park. The service also prioritises a "no wrong door" approach, to make it easier for young people to get support regardless of where they first seek help.

A key strength of the program is its focus on accessibility, flexibility and partnership. In addition to counselling, the service's community education, family support, outreach and therapeutic group programs are designed to reduce stigma and strengthen mental health literacy across the Casey community. The model is shaped by evidence-based practice, trauma-informed care, cultural safety and youth participation. It builds on our extensive experience delivering integrated youth mental health services and coordinated care models in the City of Latrobe, Baw Baw Shire and City of Monash.

To date, we have supported 22 clients across 50 sessions.

Joan's experience with the Seniors Lifestyle Victoria program

Seventy-year-old Joan was first introduced to the Seniors Lifestyle Victoria program following a hip replacement. At the time, she was feeling isolated, not participating in physical activity, and she had lost her confidence in getting out in the community. Her goal was to regain her independence and reconnect with others.

Over the six-month program, Joan engaged in a range of health promotion and reablement activities tailored to her goals. She received hydrotherapy and osteotherapy, and participated in a Healthy Ageing Program, where she attended education sessions covering healthy ageing, exercise, nutrition, falls prevention and maintaining independence. Following an occupational therapy assessment, Joan was approved for a personal alarm to enhance her safety while out and about.

Rebuilding Joan's confidence to reconnect with her community was another key focus. She attended a local seniors' social support group to explore opportunities for social connection and identified spending more time with family as one of her highest priorities. Her Seniors Lifestyle Victoria coordinator helped Joan navigate the aged care system and access the services best suited to her needs.

By the end of the program, Joan had:

- regained confidence following her hip replacement
- improved her physical health, mobility, and strength through hydrotherapy, osteopathy, and regular exercise
- reduced her social isolation and developed greater awareness of opportunities for future community participation
- strengthened her understanding of healthy ageing and falls prevention
- successfully navigated the aged care system with support
- developed a clear plan to maintain her health while strengthening family connections.

Through funded allied health services, hydrotherapy, health education, advocacy, service navigation, and person-centred goal planning, Joan moved from feeling isolated and lacking confidence after surgery to feeling informed, empowered, and equipped with the knowledge and support she needs to continue living independently.


your care choice
home support community connection
Latrobe Community Health Service

Early Childhood services expansion into Ovens Murray

Latrobe Community Health Service works as a partner of the National Disability Insurance Agency. We help connect people living with a disability to supports already available in the community, guide people through the planning process to get on the National Disability Insurance Scheme (NDIS), and ensure support plans are implemented effectively.

Our work in the NDIS space continues to reach thousands of people living with disability and their families. In 2025-26, we supported more than 9,522 people, including children and their families, to gather information to support their NDIS application. We worked alongside 20,298 NDIS participants to understand their NDIS plan and connect them to services and community groups. We provided more than 41,000 'check-ins' to help participants make the most of their plans. We have also helped more than 1,500 children, families and people who do not need a NDIS plan to link in with therapeutic services, community groups and activities they are interested in.

We provide this support through local area coordination, and the early childhood approach. The early childhood approach helps children younger than six with developmental delay or children younger than nine with a lifelong disability—and their families—access the right support when and where they need it. LCHS provides NDIS early childhood services in the Inner Gippsland, Outer Gippsland, Inner East Melbourne, Outer East Melbourne, Southern Melbourne, Central Highlands and Wimmera South West regions of Victoria. In October 2025, we began delivering early childhood services in the Ovens Murray region too.

Growing our volunteer numbers to better support our community

Volunteers are the beating heart of any community health service. At LCHS, volunteers allow us to further resource our programs, which in turn helps us better serve our communities. We have a strong base of dedicated volunteers who help us with everything from driving people to medical appointments to visiting clients in their homes. In 2025-26, we have focused on growing our volunteer workforce to amplify their impact within our four walls, and in the broader community.

Currently LCHS has more than 300 volunteers who contribute more than 20,000 hours of service across ten programs. By the end of the 2027–28 financial year, our target is to grow this to 500 volunteers supporting 25 programs and contributing 75,000 hours of service. We have developed a volunteer strategy that provides a roadmap for expanding and strengthening volunteering across LCHS. Our vision is to foster and grow a vibrant community through engaged volunteering, bridging connections between individuals and healthcare, and promoting a collaborative, holistic approach to wellbeing and service provision.

Our strategy supports a more coordinated approach to volunteering across LCHS. It identifies opportunities where volunteers can enhance service delivery, strengthen community connections and help address service needs. It will also enable us to expand successful volunteer models into new programs and locations, creating more opportunities for more people to contribute their skills and lived experience in community health.

We have already seen this strategy come to life. This year, we worked with our Addiction Services, Needle and Syringe Program, and TAFE Gippsland, to recruit lived experience volunteers undertaking relevant courses. We also introduced lived experience volunteers into our Social, Emotional, and Wellbeing Support group program. Across both of these programs, lived experience volunteers provide peer support and conversation to program participants, as well as help staff who run the programs to set up and pack up the day. Each week, we also host two Buddy Bear volunteer days, engaging volunteers with lived experience of disability to create comfort bears for children accessing LCHS services, local hospitals and community centres. Volunteers contributed across all stages of the Buddy Bear process according to their interests and strengths, including cutting fabric, drawing patterns, stuffing bears, hand stitching, assembling gift bags and delivering completed bears. These initiatives are strengthening our volunteer network, fostering community connection and expanding our capacity to deliver services that meet local needs through the inclusion of diverse lived experiences.



Initiative 6:

Implement a digital strategy

Last year, LCHS launched a new Digital Health Strategy with a simple goal: to make life easier for our staff and clients through better use of technology.

But this transformation is about more than introducing new technology. It requires us to rethink existing processes, move away from paper-based and fragmented ways of working, and embrace smarter, more integrated approaches to service delivery. By doing so, we can create a more connected, efficient and responsive organisation that is better equipped to meet the changing needs of our community.

The Digital Health Strategy underpins this work and provides a clear roadmap for achieving our vision. It is informed by a thorough understanding of the organisation's digital maturity, technology environment and operational challenges, ensuring our digital investments support meaningful and sustainable improvements across the organisation.

The first stage of our strategy was preparing our organisation for the future. This included upgrading core IT infrastructure to improve reliability and security, implementing Microsoft Teams and Office 365 to strengthen communication and collaboration, and introducing modern workplace tools such as Windows 11, OneDrive and SharePoint to support flexible and efficient ways of working.

This year marked the final stage of this foundational work, with the continued rollout of our new Enterprise Resource Planning (ERP) system, SAP. This platform brings together our ability to carry out core finance, HR, procurement, contracts, and asset management functions in one place. It replaces multiple outdated systems and will allow us to simplify processes, improve access to information and reduce administrative burden.

We achieved a key milestone of this project in April 2026, with the implementation of the SAP contract and supplier management module. This module introduces a simpler and more consistent way for LCHS to manage contracts and suppliers, improving visibility, strengthening governance, and streamlining key processes across the organisation. All remaining SAP modules, including HR, finance and payroll, will be implemented in August 2026.

Alongside this, we have begun planning for the next phase of our digital strategy. Our 'transformation' phase focuses on two key areas. The first is digital connectedness, making it easier for staff, clients, and partner organisations to share information and work together, no matter where they are. The second is hybrid care, which is care that happens both in person and online, allowing clients to choose what works best for them. This includes services like telehealth, remote monitoring, and digital check-ins, making services more flexible and accessible, particularly for people who can't always attend a clinic. Planning for this phase will continue throughout the next financial year.

Initiative 7:

Expand our customer voice groups

Embedding customer perspectives more deeply into the way we work across our organisation has been an ongoing focus throughout 2025-26. The people who use our services are best placed to tell us what's working, and where we can improve. Embedding customer voice into service delivery helps us design services that better meet community needs, improve the client experience, and ensure our decisions are informed by the people most affected by them.

At Latrobe Community Health Service, we do this through our Customer Voice Groups (CVG), which bring clients, carers and community members together to share their experiences, provide feedback, and help shape the design and improvement of our services.

Towards the end of 2025, we refreshed the structure of the CVG to support its growing membership and to strengthen the program's impact. We established a Customer Voice Advisory Committee that replaced our previous Customer Voice Group structure. The new committee brings together representatives from the CVG, First Nations Advisory Group (FNAG), headspace Youth Reference Group, Customer Experience (CX), and Complaints and Compliments. Three Customer Voice Representatives (CVRs) have strategic advisory roles within the new committee.

This new committee transitioned from meeting each month to a more flexible panel model, allowing CVRs to participate in activities that align with their interests and experience. We also introduced quarterly networking sessions and training opportunities, helping representatives build their skills, stay connected, and share their experiences of accessing LCHS services.



We have already achieved positive outcomes under this new model. Staff across our customer experience and quality teams have told us they have a greater appreciation for customer engagement, and our customer representation has become more diverse. By consulting widely, co-designing the model with our representatives, and involving customers throughout the process, we have created an approach to sharing customer voice that generates genuine enthusiasm among everyone involved.

We are proud of the diversity and rich perspectives represented in our CVGs. Our First Nations Advisory Group has nine First Nations members. Among our 29 registered CVRs:

- Five identify as being part of the LGBTQIA+ community
- One identifies as First Nations (this excludes FNAG)
- Six identify as having a disability
- Eight have multicultural backgrounds
- Six members are or have been carers
- One is a veteran
- Twenty-one identify as women
- Eight identify as men.

In addition to this, 26 of our CVRs are from Gippsland, and three are from outside Gippsland. Together, these participants have been involved in nine projects directly related to service improvement. Across all of our groups (excluding FNAG), CVRs have participated in 214 meaningful engagement activities in 2025-26.

A few highlights from our CVG and FNAG group this year include:

- The First Nations Advisory Group identified staff cultural safety training as a priority for creating a welcoming environment for First Nations people when they access LCHS services. We held a three-hour workshop with the First Nations Advisory Group to understand members' experiences of accessing services and their recommendations for what culturally safe care should look like. This feedback was incorporated into a staff guide, called 'Creating a safe and respectful environment for First Nations people'. It provides practical tips and resources for staff to use in their day-to-day practice.
- The LCHS Model of Care (described in Initiative 1) was developed through extensive co-design with clients and other stakeholders within LCHS, and the CVG played a vital role in this process. A total of 13 CVRs attended an in-person session, and eight attended the online session. Sixteen participants completed the follow-up survey, and two participants completed a review of the draft document. As a result of these consultations, the words of our clients are directly represented in the matrix.
- A CVR shared their lived experience of GP consultations with our leadership team, to help us strengthen and improve service delivery across our GP clinics. The discussion focused on understanding what good care looks like, what could be enhanced, and what customers value in a supportive health experience.
- The CVG helped our Gambler's Help team design a new flyer promoting our financial counselling service. The CVG provided feedback on the language and readability of the flyer before we distributed it to our community.

Community Capacity Building team's Inclusion Working Groups make an impact

People with disabilities can face a range of barriers that limit participation in everyday community life, including inaccessible facilities, unsafe infrastructure, limited accessible parking, and community attitudes that can make people feel excluded or unseen. Latrobe Community Health Service works alongside people with lived experience of disability to identify these challenges and drive practical change.

During the year, LCHS supported nine Inclusion Working Groups (IWGs), an increase of three groups from the previous financial year. Made up of people with lived experience of disability, these groups work together to identify barriers within their local communities, and work with councils, businesses and community organisations to create more welcoming, accessible and inclusive places for everyone. As an NDIS Partner in the Community, this work reflects our ongoing commitment to building communities where all people can participate, contribute and feel like they belong.

This year, our IWGs operated across Wimmera South West, Central Highlands, Ovens Murray, South East Sydney, Southern Melbourne, Outer and Inner Gippsland, Barwon, Outer East Melbourne, and Inner East Melbourne.

More than 100 members across the groups participated in initiatives to make their local community more accessible. These include:

- Ovens Murray members encouraged the installation of braille signage, creation of an accessible bathroom map and relocation of a Changing Places facility for people who cannot use standard accessible toilets.
- Our Barwon group prompted the council to update hazardous bollards to high-contrast colours.
- Following feedback from our Wimmera South West members, a local Woolworths improved aisle access, pallet placement and mat safety in their store.
- A South East Sydney member identified inclusion barriers at Westfield, which Westfield is now reviewing.
- The Inner East Melbourne group provided lived experience feedback for the local council's disability action plan.

Customer experience at the forefront of service delivery

Listening to and learning from customer experiences is an increasingly important part of how LCHS delivers and improves services. Every interaction provides an opportunity to better understand what matters most to the people who use our services. Customer feedback helps us see our services through the eyes of clients, highlighting both the experiences that are working well and the areas where people may encounter barriers or frustration. By actively seeking feedback and responding to what we hear, we can make informed decisions that improve accessibility, strengthen service quality and ensure our services continue to reflect the needs and expectations of the communities we support.

During the year, more than 65,000 feedback surveys were distributed across LCHS, compared with approximately 21,000 in the previous financial year. Nearly 11,000 customers shared their experiences, providing valuable insights into the services they access and the support they receive.



Our customer feedback is reviewed by a growing network of Customer Experience (CX) Champions. In 2025-26, the program expanded to 26 champions from different areas of the organisation, reflecting our goal of making customer experience everyone's responsibility. Our CX champions analyse data themes based on what we're hearing from our customers. We then use this feedback to create change across the organisation, whether that be through improvements to our appointment booking processes, or the development of new training resources to help frontline staff better meet the needs of clients.

Our CX Champions also developed new tools and resources to strengthen how feedback is accessed, shared and used across LCHS. The CX Champion Handbook establishes organisation-wide best practice standards for how we access, share and use customer feedback, while our new Experience Gap Tracker gathers and categorises qualitative feedback to help us identify broader feedback trends.

This ongoing focus on listening and responding to customer feedback continues to deliver positive outcomes. In 2025-26, LCHS achieved its highest-ever Net Promoter Score of 77, while customer satisfaction remained strong at 74 per cent, demonstrating the value of embedding the customer voice in service improvement across the organisation.

Lived experience informs our AOD service

Lived experience is a vital part of how we design, deliver and improve our specialist and community services. People with firsthand experience of addiction, mental ill health, or recovery bring unique insights that create meaningful connections with clients and shape more responsive, person-centred service.

Staff who bring firsthand experience of recovery from addiction for example, offer unique insight, foster trust with clients, and demonstrate recovery is possible.

With this in mind, we reviewed how lived experience is represented across our specialist and community services workforce and where there may be opportunities to strengthen it further. The review identified a diverse range of lived experience roles that contribute to service delivery, program design and continuous improvement.

These roles include peer facilitators within the Therapeutic Day Rehabilitation Program, Alcohol and Other Drug trainees supporting peer engagement, engagement workers within the Supporting Recovery Program, and advisory groups such as the headspace Youth Reference Group and the Supporting Recovery Advisory Group. We also identified culturally informed lived experience roles, including our First Nations Liaison Officer and First Nations Strategic Officer that help us create a culturally safe and welcoming space for the First Nations community.

The review highlighted the significant contribution lived experience already makes across specialist and community services and identified opportunities to further expand peer-based and lived experience-informed roles. The findings are helping to shape recruitment and workforce planning by identifying where lived experience is a valued or essential capability. For example, our recent Alcohol and Other Drug trainee recruitment campaign specifically sought applicants with lived experience of recovery. We will use these insights to strengthen the diversity of lived experience and perspectives that inform service delivery across specialist and community services.

Initiative 8:

Support staff learning, development and knowledge sharing

LCHS operates in a complex environment where the demand for health and community services is increasing. We face workforce planning pressures, particularly in regional and rural areas. Digital transformation is changing the way we work, and regulatory requirements are constantly evolving.

While our staff are well-equipped to meet these challenges, they tell us they want to feel supported with ongoing learning and development opportunities that help them adapt and support our clients.

We already have a strong foundation of learning and development programs, policies and practices. However, these have mainly evolved over time in response to compliance requirements, operational needs and individual initiatives. When developing our latest strategic plan, we identified the opportunity to create a more consistent learning experience across LCHS, with stronger alignment between workforce capability, organisational priorities and service delivery.

This financial year, we developed a formal Learning and Development Strategy to strengthen how we support staff growth and performance across LCHS. The strategy identifies the knowledge, skills and behaviours employees need to deliver safe, high-quality services and provides a clear framework for building these capabilities throughout their careers. It also places a strong focus on leadership development and creating learning opportunities that are accessible, relevant and embedded in everyday work. While 2025-26 focused on developing the strategy, the next phase will see the introduction of practical tools to bring it to life across the organisation.

While developing the new strategy, we conducted several leadership and staff development programs over the financial year.

Our organisation-wide learning and development program provided employees with opportunities to build new skills, strengthen existing capabilities and support their professional growth. Staff can access training on topics ranging from leadership, communication and wellbeing to technical and role-specific skills, helping them develop confidence and effectiveness in their day-to-day work. The program also supports employees to explore new areas of interest and continue learning throughout their careers at LCHS. A total of 322 employees registered for training in 2026.

Our leadership development program supports leaders at different stages of their leadership journeys. Emerging leaders (such as team leaders and assistant managers) are supported as they step into people leadership roles. The program builds the practical skills and confidence needed to lead others effectively, including communicating with teams, providing feedback, and supporting employee wellbeing. Since commencing in November 2025, 60 team leaders, assistant managers and emerging leaders have attended sessions.

Growth coaching provides managers with more personalised development support through coaching conversations and reflective practice. It helps leaders further develop their leadership style, navigate challenges and strengthen their leadership capability. Growth coaching commenced in November 2025 with 39 managers completing this program. Overall, 95 per cent of managers participated in leadership coaching during the year, with more than half completing 5-10 coaching sessions. Team and emerging leaders also engaged in the program, completing 19 coaching sessions to support their leadership development.

A third training stream is designed for both team leaders and managers. The program strengthens leaders' understanding of common People, Learning and Culture (PLC) matters, building confidence in managing workplace issues appropriately and consistently. This program commenced in October 2025 with a total number of 83 leaders attending a session to-date.

Building capability for the future

This financial year we have designed our first LCHS Capability Framework, which reflects how work is delivered at LCHS. This includes how we show up at work, how we work with others, how we deliver outcomes, how we lead people, and how we deliver safe, person-centred, connected care. The framework establishes a shared understanding of the skills and behaviours needed to succeed at LCHS, helping staff and leaders have clearer conversations about performance, development and career growth.

The Capability Framework will be implemented during 2026-27, supported by training, tools and resources for managers, team leaders and employees. Through this work, we will give staff greater clarity about what is expected in their role, identify opportunities for development, and create a more consistent approach to leadership, performance and career progression across LCHS.

Supporting our people

LCHS has long been committed to building a positive workplace culture where people can do their best work. After all, a workplace where staff feel connected, valued and supported is one where staff deliver high-quality services for their clients.

This financial year, we strengthened our approach to staff engagement by introducing a new employee engagement survey designed to provide more timely and meaningful feedback. Our previous staff engagement survey had more than 220 questions and took months to return results. This meant it was difficult to act quickly or meaningfully on staff feedback. The new quarterly survey delivers real-time insights, enabling leaders to respond more quickly and continue building a workplace based on trust and continuous improvement. The first survey achieved a 65 per cent staff participation rate.

To further strengthen communication across the organisation, all-staff updates are now a regular part of our culture. These sessions bring leaders and staff together to share organisational updates, ask questions and discuss progress against our strategic plan.

We also introduced a new staff benefit to support the wellbeing of our staff and their families. Fitness Passport provides employees and their immediate family members with access to a wide network of gyms, pools, and fitness facilities through a single membership. It provides staff with affordable and flexible access to fitness facilities, regardless of where they live or work. Recognising many of our staff work in emotionally demanding roles, creating opportunities that encourage movement, exercise and self-care aligns with our commitment to supporting a healthy and thriving workforce. LCHS currently has 59 staff participating in Fitness Passport across Victoria and New South Wales.

Initiative 9:

Develop a single, digital view of every person we support

Having a single, digital view of every person who walks through our doors comes with a range of benefits, both for the people we support and our staff delivering services. It means information is shared quickly and easily across services, clients' records are stored in systems that speak to each other, and people won't have to answer the same questions multiple times to receive care from us.

This goal comes with its challenges. Due to the breadth of services we deliver and the different funding and legislative requirements that govern them, client information is often stored across multiple systems. While these systems meet the needs of individual programs, they make it challenging to create a consolidated view of each client and their interactions across the organisation.

This is why greater digital connectedness across LCHS remains a priority. In this financial year, we progressed planning for a digital solution that will create a single, overarching view of the people we support. We also selected an agency who will help us deploy this technology, and we are currently undergoing a formal design process to map out how we will implement and embed this technology across the organisation.

As we prepare for implementation, we are continuing to improve the systems and technology that support information-sharing across LCHS. These tools make it easier for staff to collaborate across teams, access the information they need and provide more coordinated care for clients. The next phase of this work will commence in 2026-27.





Wrap-around services help Greg manage his diabetes

When it comes to managing diabetes, every person's journey is unique. But 67-year-old Greg Allen-Pretty will tell you no matter what your experience looks like, having the right team around you can make all the difference.

Greg wasn't surprised when he was diagnosed with type 2 diabetes in 2006. The condition ran in his family, and Greg had been busy at a sit-down job for most of his life.

When Greg began seeing a GP at LCHS to better manage his diabetes, he was surprised by how many other services were available to help him.

"An advantage of becoming a client of LCHS is having a range of services and health professionals available," Greg says.

As well as his GP, Greg has also engaged with dietitians, diabetes educators, podiatrists and counsellors—all of whom work at LCHS. These practitioners have developed a shared understanding of the types of support Greg needs to manage his condition.

"The support has made a huge difference in helping me feel fitter, healthier and happier in my day-to-day life," Greg says.

"I no longer fear some of the negative health impacts that come from being diabetic. It is fully-managed and under control.

Initiative 10:

Strengthen our viability

As a not-for-profit organisation, our focus is not on generating large profits, but on operating sustainably so we can reinvest every possible dollar back into the services and programs we deliver, and the communities we serve.

At the same time, our operating environment remains challenging. Rising costs, challenges with attracting and retaining skilled staff in regional settings, significant sector reforms and tightening margins across aged care and community services continue to shape how we deliver services.

This year, we continued to strengthen our long-term viability by carefully managing our resources and ensuring we remain adaptive to health sector challenges. This has allowed us to continue to provide affordable and accessible care while still investing in innovation, quality, and the future needs of our communities.

Strengthening the sustainability of our oral health model

Long waiting lists are a persistent challenge across the public oral health system. In many cases, a person's oral health needs worsen while they wait for care, turning what may have started as a routine issue into a complex or emergency presentation. This places additional pressure on oral health services.

In response, we have redesigned our oral health service to improve access, make better use of our workforce and strengthen the long-term sustainability of our oral health model of care.

The model focuses on ensuring every member of our oral health team practises to the full extent of their scope, enabling the right clinician to provide the right care at the right time. This means dentists and specialists focus on more complex clinical care, while oral health educators provide preventative services such as education and fluoride applications.

In addition to these initiatives, we also refined the use of external dental vouchers. Historically, eligible clients received these vouchers to access treatment from private providers when appointments were unavailable within our service. Vouchers are now reserved for emergency presentations only, helping to maximise available funding while maintaining timely access to urgent care. Together, these changes improved the efficiency of our Oral Health team, maximising available funding, and supporting greater access to care for the community. Within our Gippsland team, we have seen a 32 per cent improvement in internal productivity and a 33 per cent daily reduction in voucher use.

Optimising digital denture production and service delivery

In 2024-25 we introduced new, state-of-the-art digital printing technology in our dental prosthetics laboratory. Digital denture technology reduces the number of appointments clients need to attend and creates a more comfortable experience, replacing traditional moulds and impressions with a 3D scan of the mouth.

As with any major change, introducing new technology brought some early challenges. We rapidly integrated digital denture manufacturing into our day-to-day operations and moved much of our production workflow to the new system. At the same time, staff were learning new processes and adapting existing practices to support the technology.



As a result, we encountered several operational challenges. Limited time for training, the volume of production, and the use of hybrid workflows, which combined traditional analogue processes with digital manufacturing, contributed to workflow inefficiencies and higher-than-anticipated denture remake rates. To better understand these issues, we temporarily scaled back digital production while the team reviewed every stage of the patient journey.

Our review found fully digital workflows, where patient information remains digital from the initial scan through to manufacturing, delivered the most reliable and efficient outcomes. By comparison, hybrid workflows, which involve taking physical impressions, digital scans, and then manually producing the dentures, created more opportunities for error.

In 2025-26, we focused on refining our workflows, optimising production and embedding the technology into everyday practice to support the long-term sustainability of the service. We have redesigned the service around two streamlined digital treatment pathways: a three-appointment pathway involving a scan, digital try-in, and final fitting, and a two-appointment pathway requiring only a scan and final fitting for suitable patients. These streamlined models reduce treatment time while maintaining high quality production.

Our transition has already improved design consistency, resulted in fewer denture remakes, delivered more predictable treatment outcomes, supported faster production, and increased our service capacity. Building on these improvements, we have carefully reintroduced hybrid workflows for selected cases where they can deliver the greatest benefit without compromising quality.

We have also standardised the length of denture appointments. Previously, these appointments varied between 30 and 80 minutes. Now, they are all scheduled for 30 minutes, creating a more predictable experience for clients. Standardised appointment lengths have also made it easier to reallocate cancelled appointments, reducing lost clinical time and increasing scheduling flexibility. With the new booking structure, we've been able to see 44 per cent more people per month. Our new and improved digital denture production model has also increased unit production by 90 per cent. Together, these initiatives have significantly improved the long-term sustainability of our digital denture production and allowed us to provide timely denture care to more clients.

Carmen shares how Your Care Choice makes a difference

The introduction of the Australian Government's new Support at Home program is a major reform to in-home aged care.

A key change is the introduction of capped care management fees, providing greater transparency for participants and ensuring more of their funding is directed towards services and supports. Like many providers, LCHS reviewed how we deliver services in response to these changes.

Through our in-home care service, Your Care Choice (YCC), we increased our focus on delivering services directly, rather than relying on external brokered providers. This approach gives clients greater consistency, coordination and continuity of care by reducing the number of different organisations involved in their support. It also helps clients build stronger relationships with the people providing their care and receive more personalised support in their own homes.

By delivering more services through YCC, we can reinvest funding intoservice delivery and strengthen the long-term sustainability of our aged care programs. This approach ensures more of the value generated through service delivery remains within our organisation, supporting ongoing investment in the services our community relies on.

YCC Support Worker Carmen understands first-hand the value of personalised care.

"As a support worker, my tasks involve making beds, vacuuming, mopping, dusting, and doing all the things clients struggle with in their day-to-day living," Carmen says.

"But more than that, I'm there to support and respect their home, and support and enable regular routines. My help means when I visit people, I'm maintaining their quality of life."

As well as general home care and housekeeping, Your Care Choice support workers can provide personal care services, such as help with showering and getting dressed, and help people attend activities like social outings or social support groups.

Carmen acknowledges not everyone has a strong support system around them, and her role offers the type of connection people might otherwise go without.

"Not everybody gets family support, not everyone is lucky to have that. By me being there, they know somebody cares about them."



The most rewarding part of Carmen's job is seeing her clients come out of their shell and become the best version of themselves.

"Every person I've worked with has surprised me, because some of them start off a bit wary and suddenly, they become a totally different person," she says.

"They're a lot more confident and comfortable with you, and it's so good to see."

Initiative 11:

Develop an advocacy plan

As a community health organisation, LCHS recognises the important role we play in advancing the needs and priorities of the communities we serve and influencing positive change across the health sector.

We also recognise different issues require different levels of influence. That's why our approach to advocacy is led across multiple levels of the organisation. This means our Board, Chief Executive Officer, Executive Directors, and senior leaders champion issues that align with the areas where they are best placed to contribute, as well as in areas that reflect our organisational priorities. While we recognise the value of this multi-tier approach to our advocacy efforts, we are still formalising the framework that governs our spokesperson strategy and the topics we will advocate on.

While this work continues in the background, we are aware of the major challenges that are impacting the broader health sector and our clients.

That's why this year, our Board, Chief Executive Officer, Executive Directors, and senior leaders continued to advocate across a range of priority areas, working with governments, partners, peak bodies, and local stakeholders to influence policy, strengthen partnerships, and promote better outcomes for the communities we serve.

Advocacy in NDIS reforms

Latrobe Community Health Service is a partner of the National Disability Insurance Agency (NDIA), which means we work with the NDIA to deliver the NDIS at a local level. It also means we are well-connected to the experiences of participants of the scheme and their families, gaining firsthand insight into the challenges people with disability face when it comes to accessing support.

This year, we continued to contribute to major NDIS reforms. This includes the proposed navigator model to replace the roles of NDIS Local Area Coordination and Early Childhood Coordination, and a new initiative called Thriving Kids—which provides early support for children with developmental delays or autism who have low to moderate support needs. Thriving Kids will commence from October this year. Consequently, we worked closely with the NDIA, government and sector partners through consultation, co-design opportunities and advisory groups.

Yarra Valley business opens doors to more customers

As an NDIS Partner in the Community, Latrobe Community Health Service works to help create communities where everyone can participate, connect and feel a sense of belonging.

Through our Community Capacity Building team, we work with businesses, councils and community groups to remove barriers that can prevent people living with disability from accessing and enjoying local places, services and events. Accessibility can be as simple as making it easier for people to enter and use a space, while inclusion means ensuring everyone feels welcome, valued and respected. Our projects are guided by feedback from local community groups and people with lived experience of disability. This year, we partnered with Yarra Valley Dairy to identify practical, low-cost improvements that would make the business more welcoming and accessible to a broader range of visitors.

"At Yarra Valley Dairy, it's very important for us to support local community and small businesses, and have that connection back into that community. We have all types of people attend, and they don't know what to expect when they come here.

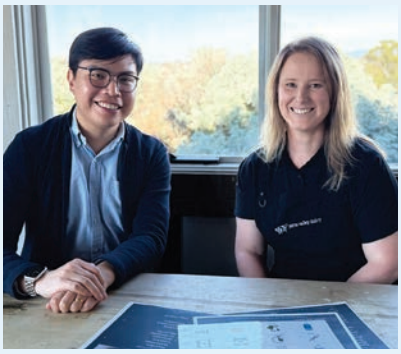
We've always tried to put as much information out online as possible, but we were overlooking this in the accessibility and disability area," Yarra Valley Dairy Venue Manager Shauni Brauch says.

Our Capacity Building team approached Yarra Valley Dairy with the opportunity to work together. Together, we identified some of the existing accessibility features Yarra Valley Dairy already had in place, including an accessible toilet, designated accessible parking space, a ramp access to toilets, and flat, level entryways and wide walkways. We then worked out a plan to introduce some new features.

"We are an old rustic location; we're a milking shed that was converted into a shop," Shauni says.

"So, being an older building there are a lot of things that can be a little bit hard."

The business had a gravel entry, which led to concrete and a doorway. We helped the business add information on their website about 'uneven surfaces', so people with wheelchairs and walking aids—and even parents with prams—knew what to expect before they arrived.



"We also did some simple things with the menus, and we did a little bit of disability awareness training as well," Shauni says.

Shauni says that alongside the rollout of new accessibility features, staff now have the knowledge and confidence to respond to patron enquiries about accessibility.

"Previously, people might have called up and said, 'I've got a group coming in and these are the requirements we have, are you able to cater for us?' And because we knew what we could offer, and understand what their wants and needs are, we could offer something appropriate for them."



We contributed our expertise to help shape new service models, prepare our organisation for these reforms, and advocate for outcomes that best reflect the needs of people with disability and their families. We also explored opportunities to contribute to the co-design of the Thriving Kids model ahead of its staged rollout. Together with government and sector partners, we want to ensure Thriving Kids reflects community needs and supports positive outcomes for children and families.

Alongside our advocacy work, we have also created a new Participant Access Team (PAT) this financial year.

PAT is a specialised team that supports people with disability at the very start of their NDIS journey. PAT provides timely, accurate information about the NDIS access process and helps people understand whether they are access-ready before proceeding with their application. The team works directly with applicants to explain eligibility requirements, gather and review evidence, and set realistic expectations about the access process and timeframes. We have already seen the PAT model improve the experience for people with disability when accessing the NDIS.

LCHS continues to support Community Health First

This year we continued our work with Community Health First, an initiative of all 22 registered independent community health services in Victoria. We are united by one shared goal: improving the health, wellbeing and quality of life for all Victorians.

In December 2025, Community Health First published its yearly impact report and found one in ten Victorians has visited a community health service. The report demonstrated people value community health because it's affordable, local, and personal. The report also showed community health programs help people stay well and out of hospital.

By supporting people early and managing long-term conditions, community health improves lives and reduces pressure on hospitals.

This year, we participated in several Community Health First campaigns. These included:

- Support for the Victorian Government's investment into a new program for chronic disease management.
- Advocacy for the value of community health in the Victorian Budget.
- A submission to the Inquiry into the Thriving Kids initiative, and;
- Calling for an increase in infrastructure funding so Victoria's community health organisations can meet growing demand across the state.

Fluoridated water for all Australians

Since mid-2010, 90 per cent of Victorians have received fluoridated drinking water through their taps. This important public health initiative helps protect against tooth decay and leads to stronger oral health. However fluoridated drinking water is not available to all Victorians. This year, we—along with the Gippsland Primary Health Unit and Victorian Oral Health Alliance—identified certain water catchments in Gippsland that do not have access to fluoridated water.

We are now investigating how we can expand access to fluoridated drinking water in Gippsland. Through the Victorian Oral Health Alliance, we have engaged with the Department of Health on opportunities to improve fluoridation coverage across Victoria. We have also met with VicWater and representatives from East Gippsland Water, who recognise the significant oral health benefits of fluoridation and support ongoing efforts to improve access for communities currently without it.

Initiative 12:

Develop an environmental sustainability strategy

At Latrobe Community Health Service, we believe meaningful environmental change begins with intentional action. That's why this financial year we developed our first ever Environmental Sustainability Framework. The framework outlines the practical and operational steps that will guide us in reducing our environmental impact and delivering on our strategic pillar: 'Make it Sustainable'.

The framework includes a comprehensive plan to deliver environmentally-sustainable practices across LCHS from 2025 to 2030. It provides a foundation for embedding environmental responsibility throughout the organisation and integrating sustainability into our day-to-day practices. The framework is guided by our Environmental Sustainability Working Group, which is made up of eight staff who represent all levels of our organisation.

The first phase of our framework, which spans 2025-26, focuses on reducing carbon emissions, as well as strengthening our commitment to water conservation, energy efficiency, and waste reduction. As a result, the sustainability initiatives we undertook this year aligned with these priorities.

In 2025-26, we focused on reducing paper usage, and improving energy conservation and waste management. We installed additional signage across LCHS sites in May 2025 to help staff correctly dispose of waste and reduce contamination in recycling bins. In mid-2026, this education program will expand to include workshops, e-learning modules and resources focused on paper usage and energy conservation.

In 2024-25, we transitioned 18 per cent of our vehicle fleet to hybrid models to save on fuel consumption and reduce carbon emissions. This year, we expanded this initiative and replaced all NDIS passenger fleet vehicles with hybrid models. As a result, 58 per cent of our fleet is now hybrid. We have also engaged a provider to install an EV charging station at our Morwell site. Planning for the EV charging station is underway, with implementation expected over the next six months.



Initiative 13:

Develop an internal staff mobility model

Supporting employees to grow their careers within LCHS is an important part of building a skilled and sustainable workforce. Internal mobility helps us retain knowledge and experience, create career development opportunities for staff, and fill vacancies with people who already understand our organisation and values.

We have started to develop a new Internal Mobility Framework to create a more consistent and transparent approach to career movement across LCHS. Internal mobility could be receiving a promotion, but it can also look like staff switching disciplines, such an adult AOD counsellor moving to help young people at headspace, or a nurse in switching from paediatric to palliative care nursing. In 2025-26, we established project governance, reviewed our existing policies and processes, explored contemporary approaches used by other organisations, and sought feedback from staff through surveys and interviews to better understand their experiences of moving into new roles.

Our discovery work has identified several opportunities to strengthen our approach. Staff told us they want greater visibility of internal opportunities, clearer career pathways, and confidence they can express an interest in new roles without affecting their current position. We also identified opportunities to better align internal mobility with our Capability Framework and improve the systems and data used to support workforce planning. We will progress the formal design of our Internal Mobility Framework once we implement supporting technology into our Enterprise Resource Management platform. This technology will enable us to match employees with opportunities and can provide workforce data to inform future planning.

Overall, this work is laying the foundations for a more connected and sustainable workforce, making it easier for employees to develop their careers at LCHS while helping the organisation retain our staff and respond to future workforce needs. While the framework remains in the development stage, we nonetheless progressed several internal mobility initiatives within this financial year.

Staff mobility leads to more timely assessments for our most vulnerable

Due to strong demand across the Australian aged care sector, older Australians who need help to keep living at home are facing long delays for aged care assessments. In Gippsland, LCHS conducts these assessments on behalf of the Australian Government.

Backlogs in assessments are not unique to LCHS, with many assessment services across Australia managing high demand. However delays can place older people at risk, potentially escalating their challenges at home, or bringing forward a move into residential aged care. To help manage this risk, LCHS developed a process to identify clients who may require reprioritisation or escalation for an assessment, while also identifying people who no longer required services. To achieve this, we drew on capability from another area of our organisation.

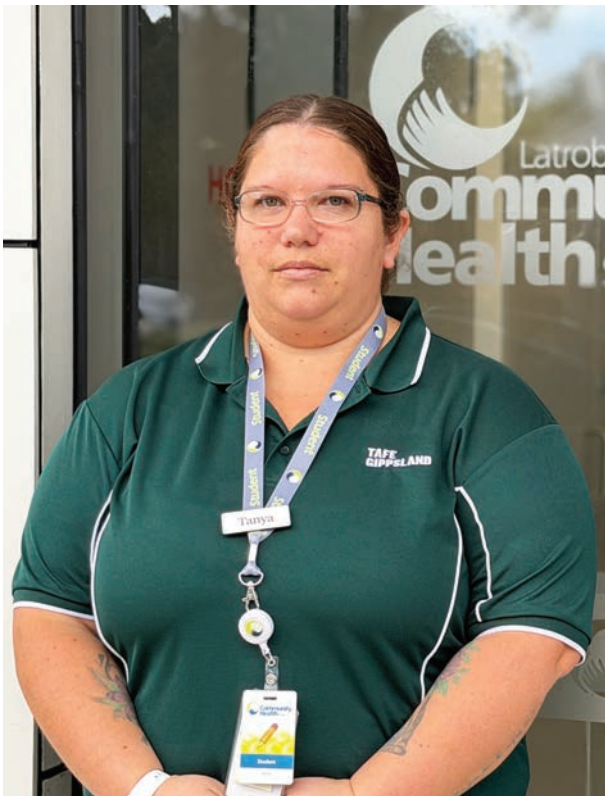
Our Aged Care Assessment Service team partnered with the Wimmera South West NDIS team to address the assessment backlog. Over a three-week period, commencing in July 2025, the team contacted 345 clients who had requested an aged care assessment. We made up to five contact attempts with each client to review their circumstances and confirm their current needs. The information gathered provided us with updated client information, and we are able to triage each client into one of seven priority categories.

This project delivered positive outcomes for both clients and service delivery. Seventy-seven per cent of clients required no change to their assessment priority, while 15 per cent were escalated due to changes in their circumstances, ensuring they received more timely support. The project achieved high levels of client satisfaction and, importantly, reduced the risk of vulnerable people waiting too long for services.

This initiative marked a first for LCHS, bringing together the Gippsland-based Aged Care Assessment Service team and the Wimmera South West NDIS team to work collaboratively despite being located 475 kilometres apart. The project demonstrated how expertise from across the organisation can be used flexibly to respond to service demand while maintaining a strong focus on client care. It has also created a blueprint, which can be replicated by other teams across LCHS, particularly those with experience working with vulnerable people.

Student placements revamped to meet recruitment challenges

Student placements have long played an important role in workforce development and internal mobility at LCHS. Placements provide students with valuable work experience in their chosen field of study. They also connect LCHS to a future pipeline of professionals who have gained exposure to our organisation, our clients, and the communities we support.



In the previous financial year, we hosted more than 250 students in student placement positions. However, only seven students transitioned into paid employment at LCHS. Further, most of these roles have not historically been difficult to recruit to.

In 2025-26, we revamped our student placement strategy to maximise the benefit of placements for students while also strengthening our future workforce, building sustainable talent pipelines, and addressing long-standing recruitment challenges.

Under the new approach, we will prioritise student placements in disciplines and roles identified as hard-to-fill. Annual workforce analysis will identify and review these priority placement areas based on vacancy data, staff turnover, and recruitment challenges.

We will include a learning plan for each student to develop skills relevant to the identified hard-to-fill role. Each student will be supported by student supervision, mentoring, and performance evaluation, and have opportunities to gain experience across multidisciplinary teams.

The program will create clearer pathways for students to transition into paid employment. Students who demonstrate strong performance and alignment with LCHS values may transition into casual employment within their scope of practice, such as an allied health student employed as an allied health assistant. We may also invite them to join a talent pool for future opportunities and offer casual, fixed-term, or permanent employment when suitable positions are available.

By aligning student placements with workforce priorities, LCHS is taking a more strategic approach to internal mobility. The refreshed program strengthens our ability to attract and retain skilled professionals in areas of greatest need, while providing students with meaningful learning experiences and clearer pathways into employment at LCHS.

Taylor makes the move from NDIS to addiction services

Taylor has always been passionate about meeting people from all walks of life and working with them to effect meaningful change. That's why, when there was an opportunity for her to move from the NDIS space to Addiction Services, Taylor jumped at it.

"I was working as a Senior Local Area Coordinator, supporting my team to meet the daily requirements of their role. I would provide one-on-one support in different situations, helping team members understand legislation changes and respond to NDIS participants in a timely and accurate manner. I also engaged with the broader NDIS leadership team in Inner East Melbourne to plan work allocations and upskill our teams to ensure the most effective engagement with participants," Taylor says.

When Taylor was working in the Glen Waverley office one week, she met a Youth Alcohol and Other Drugs counsellor and learnt about that role. In the background, Taylor was already completing a Bachelor of Psychology and Bachelor of Criminology at Deakin University and considering the career change.

Taylor said the support she received when studying and when exploring the addiction space was instrumental in her transition.

"I was granted study leave, which was an amazing support to ensure I could finish my degree. My NDIS Team Leader was a massive support and did everything possible to make sure I had what I needed to complete all study requirements," she says.

"The Addiction Services Manager and headspace and Youth Services Manager were open to my questions and kept regular communication open with me about potential opportunities, too. I was able to pick their brains over the past two years about what was needed to ensure I could put my best foot forward to move over to Addiction Services. My current Team Leader was also instrumental in ensuring the move across was as seamless as possible."

Taylor is now employed at LCHS as a Senior Alcohol and Other Drugs Practitioner. She's excited about her future in Addiction Services and what it means for the broader LCHS community.

"I am looking forward to ongoing collaboration with other areas of LCHS,



and the potential to grow our service in the metro area to ensure our clients there have access to some of the great services available in Morwell, in the Latrobe Valley," Taylor says.

"Having the capacity to use my knowledge obtained through the NDIS, as well as my degree, I believe there is great opportunity for building the LCHS offering in the metro area to address areas of vulnerability."



Staff achievements 2026

This year, we once again took the time to recognise our longest-serving employees and celebrate our staff award nominees at a lunch in Melbourne. The LCHS staff awards recognise exceptional performance, values-driven behaviour, and leadership. Each year we see a growing number of nominations, demonstrating the value of the awards both to nominees, and the staff who wish to recognise them.

Excellence in Leadership Award



Caleb Saliba
Team Leader Nursing



Michelle Smith
Aged Care Assessments Team Leader

Service in Excellence Award



Settlement Engagement and Transition Support, and Your Care Choice partnership

Annual Achievement Awards



Lynda Power
Senior and Adult Integrated Health



Steve Tong
Specialist and Community Services



Melissa Flynn
NDIS and Assessment Services



Noriza Surat
Medical Services and Oral Health



Andrea Barrett
Corporate, People Learning and Culture and Digital Health

Employee of the Year - Andrea Barrett



As Finance Business Partner, Andrea goes far beyond the traditional scope of her role to make a genuine impact at LCHS. That's why she's our 2026 Employee of the Year. Beyond working effectively as a senior member of the Finance team, Andrea works alongside senior leaders and the Executive as a trusted partner, strengthening financial capability across the organisation to achieve shared success.

Andrea provides guidance that supports both compliance and innovation, ensuring programs remain financially sustainable while continuing to explore opportunities to grow and improve. Her advice is always grounded in what is right for the organisation and the communities we serve. Her integrity builds confidence: managers trust her to provide accurate information, follow through on commitments, and support ethical decision-making. Andrea's insightful analysis has directly supported strategic decision-making, while her financial clarity and responsiveness enable programs to operate effectively and deliver better outcomes for the communities and people we serve.

Within our Finance team, Andrea's calm, approachable nature sets the tone for positive and constructive engagement, even when navigating complex financial discussions. She fosters an environment where questions are welcomed and managers feel confident seeking advice. Whether the question is, 'how can we fund this?' or, 'how do we make this work?' Andrea consistently responds with openness and a willingness to explore solutions. Her organisation and forward planning, particularly through regular forecasting meetings, provide structure and predictability, allowing teams to anticipate challenges, make informed adjustments, and focus on delivering high-quality programs.

Overall, Andrea consistently demonstrates a strong commitment to her role, exemplifying what it means to be a true team player. Her professionalism, responsiveness and dedication enable managers to deliver high-quality programs with confidence. She goes above and beyond to provide support, guidance and clarity, ensuring financial processes are not only understood but actively support innovation and service delivery. As a result, Andrea is our 2026 Employee of the Year.




Buddy Bear & Friends
Not recommended for ages between 0 –3 years

Our volunteers

Volunteers are the beating heart of LCHS, generously giving their time, skills, and compassion to support our clients and communities alongside our staff.

Each day, our volunteers help our clients stay connected to care. That might be through driving them to their medical appointments, sitting with them at social support groups, or supporting the administrative work that helps make these services possible. Regardless of the task, our volunteers show up to make a meaningful difference every day. This year, we were delighted to welcome even more volunteers into our organisation, with our volunteer workforce growing from 193 to 305 people. This significant growth has strengthened our ability to support more people and reflects the ongoing value of volunteering at our organisation.

To every one of our volunteers, thank you. Your generosity, commitment, and kindness help bring our vision of better health, better lifestyles, and strong and inclusive communities to life. We are deeply grateful for everything you do.

2026 Volunteer of the Year



Leslie Watson (Gippsland)

Leslie is known for his generosity, flexibility and willingness to help wherever he is needed. He dedicates his time to transport and social support groups, providing safe transport, companionship, and a warm welcome to clients attending appointments and outings. Whether he's helping in the kitchen, trying his hand at baking scones for the first time, or supporting young carers through a maze and haunted house, Leslie brings enthusiasm and kindness to every opportunity. His readiness to say 'yes' and support people in so many different ways has made a lasting impact on clients, staff and fellow volunteers alike. Thank you, Leslie.



Christopher Opray (Metro)

Chris has made an extraordinary contribution to LCHS and our community by supporting vulnerable people through regular dog walking visits. For Chris, the role has always been about more than exercising a pet. He has built trusted relationships with both clients and their beloved companions, providing friendship, reassurance and practical support. By taking the time to connect with each person, share stories and capture joyful moments with their dogs, Chris has helped strengthen the bond between people and their pets while reducing social isolation. His kindness, reliability and genuine care make a lasting difference to the lives Chris supports. Thank you, Chris.

Years of service

Five years

- Mark Anderson
- Ian Ramsey
- Julie Walsh
- Ron Wilson

Ten years

- George Graham
- David Dunbar
- Van Huynh
- Claire Rodier
- Kumundini Sundaralingam

Fifteen years

- Marion Byrne
- Diane Watson
- Leslie Watson

305
Active volunteers

$1,087,477
Monetary value to organisation

20,837
Hours of service


Community Health

Financial report for the year ended 30 June 2026

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LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
DIRECTORS' REPORT

Your directors present this report on the entity for the financial year ended 30 June 2026.

Directors

The names of each person who has been a director during the year and to the date of this report are:

- Stelvio Vido (Board Chair)
- Bernadette Uzelac (Deputy Board Chair)
- Nathan Voll
- Murray Bruce
- Joanne Booth
- Tanya James
- Donna Goldsmith
- Jacqui Weatherill
- Dean Tillotson

Principal Activities

The principal activities of the company during the financial year centred on delivering integrated community health and human services, that include:

- Primary and community health care — general practice, allied health, community nursing, oral health, chronic disease support, sexual and reproductive health services, women's health and broader health promotion and prevention services.
- Aged care and disability services — including the delivery of in-home care services for older adults and Local Area Coordination and Early Childhood services for people with disabilities.
- Mental health and wellbeing services — counselling, psychosocial support, family violence-related programs and alcohol and other drug support.
- Family, child and youth services — maternal and child health-related supports, family services, parenting programs and youth-focused assistance.
- Social and community support programs — services addressing housing, financial hardship, homelessness, social inclusion and vulnerable community needs.
- Public health and community development — programs aimed at improving access, equity, prevention and health outcomes for local communities.

Objectives

The company's stated purpose is to enable people in our communities to thrive by providing quality care, support, education and connections through accessible, integrated and person-centred services

The company's 2025-29 Strategic Plan builds on the solid foundations laid by previous strategies and reflects our core values of:

- Providing excellent customer service
- Creating a successful environment
- Always providing a personal best
- Acting with the utmost integrity

Operating result

The surplus of the company for the financial year was:

2026	2025
$	$
3,785,244	6,272,693

This directors' report is signed in accordance with a resolution of the Board of Directors.

Director

Stelvio Vido

Dated this 24th day of September 2026

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2026

	Note	2026 Consolidated $	2025 Consolidated $
Revenue	2	147,471,725	134,718,283
Other income	2	84,847,655	78,471,746
Employee benefits expense	3	(155,989,004)	(142,180,262)
Depreciation and amortisation expense	3	(11,759,537)	(9,679,258)
Interest expense on lease liabilities	3	(403,850)	(171,515)
Motor vehicle expenses		(1,131,330)	(1,106,688)
Utilities expense		(574,293)	(628,739)
Staff training and development expenses		(914,230)	(751,053)
Audit, legal and consultancy fees		(4,991,184)	(1,302,384)
Marketing expenses		(391,549)	(400,037)
Service agreements		(5,305,581)	(3,557,187)
Contract labour		(6,614,086)	(7,001,970)
Client support services expense		(27,461,506)	(28,031,258)
Doubtful debts expense		(21,002)	(110,358)
Other expenses		(12,976,984)	(11,996,625)
Current year surplus before income tax		3,785,244	6,272,693
Income tax expense		-	-
Net current year surplus		3,785,244	6,272,693
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:			
Equity Instrument at FVOCI - fair value change		(250,579)	529,440
Total other comprehensive (losses)/income for the year		(250,579)	529,440
Total comprehensive income for the year		3,534,665	6,802,133

The accompanying notes form part of these financial statements.

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2026

	Note	2026 Consolidated $	2025 Consolidated $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	26,258,649	13,864,633
Trade and other receivables	5	1,898,556	1,425,731
Inventories	6	450,656	512,234
Financial assets	8	34,668,529	42,168,529
Other current assets	7	21,045,400	16,504,057
TOTAL CURRENT ASSETS		84,321,791	74,475,183
NON-CURRENT ASSETS			
Financial assets	8	18,646,885	17,317,569
Property, plant and equipment	10	57,077,002	61,594,092
Right-of-use assets	11	7,296,217	8,580,023
TOTAL NON-CURRENT ASSETS		83,020,104	87,491,684
TOTAL ASSETS		167,341,895	161,966,868
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	9,832,898	8,573,930
Contract liabilities	13	13,069,399	15,049,949
Lease liabilities	15	4,269,681	3,412,691
Employee provisions	14	21,611,192	16,845,119
TOTAL CURRENT LIABILITIES		48,783,169	43,881,689
NON-CURRENT LIABILITIES			
Lease liabilities	15	2,986,678	5,322,593
Employee provisions	14	5,824,463	6,549,667
TOTAL NON-CURRENT LIABILITIES		8,811,141	11,872,260
TOTAL LIABILITIES		57,594,311	55,753,949
NET ASSETS		109,747,584	106,212,919
EQUITY			
Retained surplus		85,156,349	82,026,557
Reserves		24,591,235	24,186,362
TOTAL EQUITY		109,747,584	106,212,919

The accompanying notes form part of these financial statements.

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2026

	Note	Retained Surplus	Asset Revaluation Reserve	Capital Reserve	General Reserve	Equity FVOCI Reserve	Total
		$	$	$	$	$	$
Balance at 1 July 2024		75,492,978	15,364,278	3,860,000	3,151,641	1,541,889	99,410,786
Comprehensive Income							
Surplus for the year		6,272,693	-	-	-	-	6,272,693
Other comprehensive income		-	-	-	-	529,440	529,440
Total comprehensive income		6,272,693	-	-	-	529,440	6,802,133
Other transfers							
Transfers to/(from) capital reserve		(94,000)	-	94,000	-	-	-
Transfers to/(from) general reserve		354,886	-	-	(354,886)	-	-
Total other transfers		260,886	-	94,000	(354,886)	-	-
Balance at 30 June 2025		82,026,557	15,364,278	3,954,000	2,796,755	2,071,329	106,212,919
Balance at 1 July 2025		82,026,557	15,364,278	3,954,000	2,796,755	2,071,329	106,212,919
Comprehensive Income							
Surplus for the year		3,785,244	-	-	-	-	3,785,244
Other comprehensive income		-	-	-	-	(250,579)	(250,579)
Total comprehensive income		3,785,244	-	-	-	(250,579)	3,534,665
Other transfers							
Transfers to/(from) capital reserve		98,000	-	(98,000)	-	-	-
Transfers to/(from) general reserve		(979,188)	-	-	979,188	-	-
Transfer of realised asset revaluation reserve on disposal of property		225,736	(225,736)	-	-	-	-
Total other transfers		(655,452)	(225,736)	(98,000)	979,188	-	-
Balance at 30 June 2026		85,156,349	15,138,542	3,856,000	3,775,943	1,820,750	109,747,584

The accompanying notes form part of these financial statements.

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2026

	Note	2026 Consolidated $	2025 Consolidated $
CASH FLOWS FROM OPERATING ACTIVITIES			
Commonwealth, state and local government grants		237,281,806	216,108,136
Payments to suppliers and employees		(228,119,064)	(210,446,620)
Interest received		2,916,358	3,709,692
Net cash generated from operating activities		12,079,100	9,371,208
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		1,654,775	1,022,944
Payment for property, plant and equipment		(4,361,776)	(5,748,716)
Proceeds from term deposits		7,500,000	8,987,771
Net cash generated from investing activities		4,792,999	4,261,999
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(4,478,083)	(4,299,802)
Net cash used in financing activities		(4,478,083)	(4,299,802)
Net increase in cash held		12,394,016	9,333,405
Cash on hand at beginning of the financial year		13,864,633	4,531,227
Cash on hand at end of the financial year	4	26,258,649	13,864,633

The accompanying notes form part of these financial statements.

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2026

The financial report includes the consolidated financial statements of Latrobe Community Health Service Limited (LCHS), Latrobe CHS Nominees Pty Ltd and Latrobe Community Assessment and Navigation Services Limited. Latrobe CHS Nominees Pty Ltd was deregistered in October 2024 and did not have any financial transactions. Latrobe Community Assessment and Navigation Services Limited does not have any financial transactions as it is not yet operational. Throughout this financial report the consolidated group is referred to as 'the Entity'.

LCHS is a company limited by guarantee which is domiciled in Australia. LCHS is a Community Health Service which aims to prevent health problems through information and awareness, and to intervene sooner through the delivery of truly integrated healthcare.

Note 1 Summary of Material Accounting Policy Information

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the Corporations Act 2001. The entity is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements are in Australian Dollars and have been rounded to the nearest dollar.

The financial statements were authorised for issue on 24 September 2026 by the directors of the entity.

Accounting Policies

Principles of consolidation
The consolidated financial statements include the financial position and financial performance of controlled entities from the date on which control is obtained until the date on which control is lost.

All controlled entities have the same financial year end as the parent.

(a) Revenue and Other Income

The Entity is first required to determine whether amounts received are accounted for as Revenue per AASB 15: Revenue from Contracts with Customers or Income per AASB 1058: Income of Not-for-Profit Entities.

Funding arrangements which are enforceable and contain sufficiently specific performance obligations are recognised as revenue under AASB 15. Otherwise, such arrangements are accounted for under AASB 1058, where upon initial recognition of an asset, the Entity is required to consider whether any other financial statement elements should be recognised (eg financial liabilities representing repayable amounts), with any difference being recognised immediately in profit or loss as income.

Revenue and Other Income
Operating Grants, Donations and Bequests

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

When both these conditions are satisfied, the Entity:
- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Entity:
- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (e.g. AASB 9, AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions; and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

Other Income

Capital grant

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

The Entity recognises income in profit or loss when or as the Entity satisfies its obligations under the terms of the grant.

Client Fees

The group recognises revenue from client fees when the services are provided to the client.

Interest income

Interest income is recognised using the effective interest method.

Dividend income

The Entity recognises dividends in profit or loss only when the Entity's right to receive payment of the dividend is established.

All revenue is stated net of the amount of goods and services tax.

(b) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Assets measured using the revaluation model are carried at fair value at the revaluation date less any subsequent accumulated depreciation and impairment losses. Revaluations are performed whenever there is a material movement in the value of an asset under the revaluation model.

Depreciation

The depreciable amount of all fixed assets, including buildings and plant and equipment but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Class of Fixed Asset	Depreciation Rate
Buildings	2.5% to 4%
Furniture and equipment	5% to 33%
Motor vehicles	10% to 20%

(c) Right-of-use assets and lease liabilities

Accounting policy for lease liabilities

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Entity uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

Exceptions to Lease Accounting

The entity has elected to apply the exceptions to lease accounting for both short-term leases (less than 12 months) and leases of low values assets (less than $10,000). The entity recognises the payments associated with these leases as an expense on a straight line basis over the lease term.

For leases that have significantly below-market terms and conditions principally to enable the entity to further its objectives (otherwise known as peppercorn or concessionary lease arrangements), the entity measures the right-of-use asset at cost on initial recognition.

The entity has three peppercorn leases in place:

- 20 years plus two further options for renewal of 5 years each with the Department of Human Services situated at 85 & 87 Buckley Street, Mowell. The lease agreement commenced on 19 July 2006 and expires at the end of the renewal periods in July 2036, with lease payments equal to $12 per annum.
- 16 year sub-lease with Monash City Council (head landlord) and the Secretary to the Department of Health (landlord) for part of the building situated at 34-38 O'Sullivan Road, Glen Waverley. The lease agreement commenced on 1 July 2021 and expires on 24 July 2037, with lease payments of $1 per annum if demanded.
- 12 years and 10 month sub-lease with Monash City Council (head landlord) and the Secretary to the Department of Health (landlord) for part of the Clayton Community Centre, Centre Road, Clayton. The lease agreement commenced on 1 July 2021 and expires on 6 April 2033, with lease payments of $1 per annum if demanded.

These leases meet the definition of a peppercorn/concessionary lease which the entity is dependent on to further its objectives. While the entity operates from a broader portfolio of properties, access to this site under concessionary terms provides significant support in meeting community objectives. The cost of the right-of-use asset and lease liability relating to this lease agreement is considered trivial and has therefore not been recognised on the statement of financial position.

(d) Financial Instruments

Financial Assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial asset.

Classification and subsequent measurement of financial assets

On initial recognition, the Entity classifies its financial assets into the following categories, those measured at:
• amortised cost
• fair value through profit or loss (FVPL)
• fair value through other comprehensive income - equity instrument (FVOCI - equity)

Amortised cost

The Entity's financial assets measured at amortised cost comprise cash and cash equivalents, term deposits with original maturities greater than 3 months and trade and other receivables in the statement of financial position.

Equity Instruments at fair value through other comprehensive income (FVOCI - equity)

Investments in equity instruments that are not held for trading are eligible for an irrevocable election at inception to be measured at FVOCI. Under equity FVOCI, subsequent movements in fair value are recognised in other comprehensive income and are never reclassified to profit or loss. Dividends from these investments continue to be record as other income within the profit or loss, unless the dividend clearly represents a return of capital. This category includes the Entity's investment portfolio managed by JBWere, comprising a diversified portfolio of cash, fixed interest investments, managed funds and listed income securities measured at fair value through other comprehensive income.

Impairment of Financial Assets

The measurement of expected credit losses is determined using a probability-weighted estimate of credit losses over the expected life of the financial instrument.

Impairment of Trade Receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses estimation of lifetime expected credit losses.

Financial Liabilities

The Entity's financial liabilities include borrowings and trade and other payables, subsequently measured at amortised cost using the effective interest method.

(e) Impairment of Assets

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 profit or loss.

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 entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(f) Employee Provisions

Short-term employee provisions

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

The entity's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.

Other long-term employee provisions

The entity classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are 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. Provision is made for the entity's obligation for other long-term employee benefits, which 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 high quality corporate 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 profit or loss classified under employee benefits expense.

The entity's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the entity 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 liabilities.

(g) Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997* .

(h) Comparative Figures

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

(i) Critical Accounting Estimates and Judgements

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

Key Estimates

(i) Valuation of freehold land and buildings

The freehold land and buildings were independently valued at 30 June 2024 by Bertacco Property Valuations based on market value. Specialised properties at Moe, Churchill, Traralgon and Warragul were separately valued based on their depreciated replacement cost by Prowse Quantity Surveyors. The valuations resulted in a revaluation increment of $5,391,993 which was credited to the asset revaluation reserve at 30 June 2024. The directors performed a directors' valuation at 30 June 2026 and concluded that there had been no material change in the fair values of the freehold land and buildings since the independent valuations undertaken at 30 June 2024.

(ii) Useful lives of property, plant and equipment

As described in Note 1(c), the Entity reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

Key Judgements

(i) Performance obligations under AASB 15

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

(ii) 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 management judgement that the entity will make. The entity 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 entity.

(iii) Employee benefits

For the purpose of measurement, AASB 119: Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the entity expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (despite an informal internal policy that requires annual leave to be used within 18 months), the directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

(j) Economic Dependence

The group is dependent on the Commonwealth and State Government including the National Disability Insurance Agency for the majority of its revenue used to operate the business. At the date of this report the directors have no reason to believe the Commonwealth and State Governments will not continue to support Latrobe Community Health Service Ltd.

(k) Fair Value of Assets and Liabilities

The entity measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price the entity would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the entity's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

(l) Rounding

Amounts in the financial report have been rounded to the nearest dollar. Figures in the financial report may not equate due to rounding.

(m) New and Amended Accounting Policies Adopted by the Entity

AASB 2023-5: Amendments to Australian Accounting Standards- Lack of Exchangeability

The Entity adopted AASB 2023-5 which amends AASB 121: The Effects of Changes in Foreign Exchange Rates and AASB 1: First-time Adoption of Australian Accounting Standards to require entities to apply a consistent approach to determining whether a currency is exchangeable into another currency and the spot exchange rate to use when it is not exchangeable.
The adoption of the amendment did not have a material impact on the financial statements.

The Standard also amends AASB 121 to extend the exemption from complying with the disclosure requirements of AASB 121 for entities that apply AASB 1060: General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities to ensure Tier 2 entities are not required to comply with the new disclosure requirements in AASB 121 when preparing their Tier 2 financial statements.

The adoption of the amendment did not have a material impact on the financial statements.

Note 2 Revenue and Other Income

	2026	2025
Revenue	$	$
Revenue from grants:		
— Commonwealth government grants – operating	74,005,103	69,500,388
— State government grants - operating	46,938,787	40,493,399
— Other organisations - operating	12,130,940	12,748,089
Total revenue	133,074,830	122,741,876
Other Revenue		
— Client fees	11,740,437	9,041,498
— Interest received on investments in government and fixed interest securities	2,656,458	2,934,909
	14,396,895	11,976,406
Total revenue	147,471,725	134,718,283

Disaggregation of revenue
The entities' revenue from contracts with customers is disaggregated above by type of good/service and below by timing of revenue recognition.

Timing of revenue recognition:		
— Goods/services transferred at a point in time	104,866,185	92,461,027
— Goods/services transferred over time	42,605,540	42,257,256
	147,471,725	134,718,283

Other Income		
— Commonwealth government grants - NDIA	80,796,236	75,203,855
— Gain on disposal of property, plant and equipment	214,266	236,645
— Charitable income and fundraising	13,827	8,860
— Rental income from operating leases	51,295	58,369
— Other	3,772,031	2,964,016
Total other income	84,847,655	78,471,746
Total revenue and other income	232,319,380	213,190,028

Commonwealth government grants - NDIA
NDIA grant income is recognised in profit or loss when the Entity obtains control of the funding. The funding conditions do not contain sufficiently specific performance obligations for the arrangements to be accounted for under AASB 15 and, accordingly, the income is recognised under AASB 1058

Note 3 Surplus for the Year

	2026 $	2025 $
a. Expenses		
Finance costs:		
— interest expense on lease liabilities	403,850	171,515
Total interest expense	403,850	171,515
Employee benefits expense:		
— contributions to defined contribution superannuation funds	15,886,466	13,785,813
— Other employee benefits expense	140,102,538	128,394,450
Total employee benefits expense	155,989,004	142,180,262
Audit fees:		
— audit of financial statements	61,210	58,340
— audit of funding acquittals	33,374	33,640
Total audit remuneration	94,584	91,980
Depreciation and amortisation:		
— buildings	1,323,342	1,750,656
— motor vehicles	833,531	827,976
— furniture and equipment	5,319,700	2,798,970
— Leased assets	4,282,964	4,301,657
Total depreciation and amortisation	11,759,537	9,679,258

Note 4 Cash and Cash Equivalents

	2026 $	2025 $
CURRENT		
Cash at bank	1,994,277	873,637
Cash on hand	3,025	3,225
Cash at deposit	24,261,347	12,987,771
	26,258,649	13,864,633

Note 5 Trade and Other Receivables

	Note	2026 $	2025 $
CURRENT			
Trade receivables		2,021,116	1,520,479
Other receivables		159,175	165,985
Allowance for expected credit losses		(281,734)	(260,732)
Total current accounts receivable and other debtors	20	1,898,556	1,425,731

The entity's normal credit term is 30 days.

Note 6 Inventories

	2026 $	2025 $
CURRENT		
At cost:		
Inventory	450,656	512,234
	450,656	512,234

Note 7 Other Assets

	2026 $	2025 $
CURRENT		
Accrued income	17,457,304	12,805,934
Prepayments	3,588,096	3,698,123
	21,045,400	16,504,057

Note 8 Financial Assets

	Note	2026 $	2025 $
CURRENT			
Term deposits with original maturities greater than 3 months	20, 21	34,668,529	42,168,529
Total current assets		34,668,529	42,168,529
NON-CURRENT			
Other financial assets - Investment portfolio - measured at fair value through OCI.	20, 21	18,646,885	17,317,569
Total non-current assets		18,646,885	17,317,569

Note 9 Interest in Subsidiaries

(a) **Information about Principal Subsidiaries**

The subsidiaries listed below have share capital consisting solely of ordinary shares or ordinary units or shares limited by guarantee and are controlled by the Group. Each subsidiary's principal place of business is also its country of incorporation.

		Controlling interest held by the Group	
		2026	2025
Name of subsidiary	Principal place of business	(%)	(%)
Latrobe Community Assessment and Navigation Services Limited	81-83 Buckley St Morwell Vic 3840	100%	100%

Subsidiary financial statements used in the preparation of these consolidated financial statements have also been prepared as at the same reporting date as the Group's financial statements.

(b) **Significant Restrictions**

There are no significant restrictions over the Group's ability to access or use assets, and settle liabilities, of the Group.

Note 10 Property, Plant and Equipment

	2026 $	2025 $
LAND AND BUILDINGS		
Freehold land at fair value:		
— Directors valuation in 2026	14,599,840	-
— Directors valuation in 2025	-	14,909,840
Total land	14,599,840	14,909,840
Buildings at fair value:		
— Directors valuation in 2026	28,714,060	-
— Directors valuation in 2025	-	28,859,060
Less accumulated depreciation	(1,486,907)	(751,711)
Total buildings	27,227,153	28,107,349
Leasehold improvements at cost	6,872,357	9,608,962
Less accumulated depreciation	(4,893,048)	(7,818,278)
Total leasehold improvements	1,979,309	1,790,684
Total buildings and leasehold improvements	29,206,462	29,898,033
PLANT AND EQUIPMENT		
Furniture and Equipment		
At cost	40,886,635	38,976,133
Less accumulated depreciation	(31,499,714)	(27,684,400)
	9,386,920	11,291,732
Motor Vehicles		
At cost	5,296,772	5,485,013
Less accumulated depreciation	(1,418,942)	(1,488,855)
	3,877,830	3,996,158
Total plant and equipment	13,264,750	15,287,891
Capital work in progress	5,950	1,498,329
Total property, plant and equipment	57,077,002	61,594,092

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:

	Land $	Buildings $	Motor Vehicles $	Furniture and Equipment $	Capital work in progress $	Total $
2025						
Balance at the beginning of the year	14,909,840	31,271,221	3,720,950	9,273,382	2,794,883	61,970,276
Additions at cost		377,467	1,850,484	4,817,319		7,045,270
Disposals			(747,298)		(1,296,554)	(2,043,852)
Depreciation expense		(1,750,655)	(827,976)	(2,798,970)		(5,377,601)
Carrying amount at the end of the year	14,909,840	29,898,033	3,996,158	11,291,732	1,498,329	61,594,092
2026						
Balance at the beginning of the year	14,909,840	29,898,033	3,996,158	11,291,732	1,498,329	61,594,092
Additions at cost		770,472	1,669,698	3,743,838		6,184,008
Disposals	(310,000)	(139,098)	(954,495)	(328,950)	(1,492,379)	(3,224,922)
Depreciation expense		(1,322,945)	(833,531)	(5,319,700)		(7,476,176)
Carrying amount at the end of the year	14,599,840	29,206,462	3,877,830	9,386,920	5,950	57,077,002

Asset Revaluations
The freehold land and buildings were independently valued at 30 June 2024 by Bertacco Property Valuations based on market value. Specialised properties at Moe, Churchill, Traralgon and Warragul were separately valued based on their depreciated replacement cost by Prowse Quantity Surveyors. The valuations resulted in a revaluation increment of $5,391,993 which was credited to the asset revaluation reserve. During 2026, a property in Mayfair Court, Traralgon was sold.

At 30 June 2026, the directors have performed a directors' valuation on the freehold land and buildings. The directors have reviewed the key assumptions adopted by the valuers in 2024 and do not believe there has been a significant change in the assumptions at 30 June 2026. Based on this assessment, the directors consider that the carrying amounts of the freehold land and buildings materially reflect their fair values at 30 June 2026.

Note 11 Right-of-use Assets

The Entity's lease portfolio includes equipment, motor vehicles and buildings. These leases have an average of 3 years as their lease term.

(a) Options to Extend or Terminate
The options to extend or terminate are contained in several of the property leases of the Entity. There were no extension options for equipment leases. These clauses provide the Entity opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the Entity. The extension options or termination options which were reasonably certain to be exercised have been included in the calculation of the right-of-use asset.

i) AASB 16 related amounts recognised in the balance sheet

Right-of-use assets	2026 $	2025 $
Leased building	19,161,150	18,047,927
Accumulated depreciation	(12,725,173)	(9,737,310)
	6,435,977	8,310,616
Leased motor vehicles	1,689,779	805,921
Accumulated depreciation	(829,539)	(536,514)
	860,240	269,407
Total right-of-use asset	7,296,217	8,580,023
Movements in carrying amounts:		
Leased buildings:		
Opening balance	8,310,616	5,001,913
Additions	1,748,074	7,338,068
Terminations	(18,846)	(176,168)
Depreciation expense	(3,603,867)	(3,853,197)
Net carrying amount	6,435,976	8,310,616
Leased motor vehicles:		
Opening balance	269,407	212,994
Additions	1,305,597	504,873
Terminations	(35,667)	-
Depreciation expense	(679,097)	(448,460)
Net carrying amount	860,240	269,407

ii) AASB 16 related amounts recognised in the statement of profit or loss

	2026 $	2025 $
Depreciation charge related to right-of-use assets	4,282,964	4,301,657
Interest expense on lease liabilities	403,850	171,515
Total depreciation and interest	4,686,814	4,473,171

Note 12 Trade and Other Payables

	Note	2026 $	2025 $
CURRENT			
Trade payables		712,033	286,402
GST payable		318,641	38,503
Accrued expenses		4,996,468	4,799,721
Employee benefits		3,805,756	3,449,304
	12a	9,832,898	8,573,930

		2026 $	2025 $
a	**Financial liabilities at amortised cost classified as accounts payable and other payables**		
	Accounts payable and other payables:		
	— Total current	9,832,898	8,573,930
		9,832,898	8,573,930
	Less GST payable (net amount)	(318,641)	(38,503)
	Financial liabilities as trade and other payables 20	9,514,257	8,535,427

Note 13 Contract Liabilities

	2026 $	2025 $
Balance at the beginning of the year	15,049,949	19,855,404
Grants repaid during the year	(588,565)	(1,235,899)
Grants recognised during the year	(6,818,535)	(3,885,541)
Funding received during the year for which performance obligations remain unsatisfied at year end	5,426,550	315,986
Contract Liabilities – Closing balance	13,069,399	15,049,949

If grants are enforceable and have sufficiently specific performance obligations in accordance with AASB 15, the amount received at that point in time, is recognised as a contract liability until the performance obligations have been satisfied.

Note 14 Provisions

	2026 $	2025 $
CURRENT		
Provision for employee benefits: annual leave	11,630,844	10,637,485
Provision for employee benefits: long service leave	9,980,348	6,207,634
	21,611,192	16,845,119
NON-CURRENT		
Provision for employee benefits: long service leave	5,824,463	6,549,667
	5,824,463	6,549,667
	27,435,655	23,394,787

Analysis of total provisions:	Employee Benefits
Opening balance at 1 July 2025	23,394,787
Additional provisions raised during the year	20,811,490
Amounts used	(16,770,621)
Balance at 30 June 2026	27,435,655

Provision for employee benefits
Employee provisions represent amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Although annual leave expected to be settled more than 12 months after reporting date is measured as an other long-term employee benefit, the full annual leave obligation is classified as current because the Entity does not have an unconditional right to defer settlement for at least 12 months after the reporting date.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

Note 15 Lease Commitments

	2026	2025
	$	$
a Right of use leases		
Payable - minimum lease payments:		
— not later than 12 months	4,516,641	4,069,892
— between 12 months and five years	2,628,693	4,681,421
— later than five years	706,157	641,172
Minimum lease payments	7,851,492	9,392,485
Less future finance charges	(595,133)	(657,200)
Present value of minimum lease payments	7,256,359	8,735,284
Reconciled to:		
Current lease liability	4,269,681	3,412,691
Non current lease liability	2,986,678	5,322,593
	7,256,359	8,735,284

Note 16 Contingent Liabilities and Contingent Assets

There were no contingent liabilities as at the reporting date. (2025: Nil)

At 30 June 2025, the Entity disclosed a contingent asset of $2.4m relating to funds returned to the Commonwealth in connection with closed Home Care Packages. During the current year, negotiations with the Department of Health, Disability and Ageing were resolved. Accordingly, no contingent asset remains at 30 June 2026. The amount meeting the recognition criteria was recognised in the financial statements.

Note 17 Events After the Reporting Period

The directors are not aware of any significant events since the end of the reporting period.

Note 18 Key Management Personnel Compensation

Key Management Personnel
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) is considered key management personnel (KMP). KMP consists of the Board, CEO and Executive Directors.

The totals of remuneration paid to KMP of the entity during the year are as follows:

	2026	2025
	$	$
KMP compensation:	3,146,783	2,569,221

Note 19 Other Related Party Transactions

Board Member	Related Parties
Nathan Voll	Gippsland Primary Health Network

During the year revenue of $10,208,889 (2025: $7,620,522) was received from Gippsland Primary Health Network.

All transactions with related parties were conducted on normal commercial terms and conditions and on an arm's-length basis.

Note 20 Financial Risk Management

The entity's financial instruments consist mainly of deposits with banks, local money market instruments, short-term and long-term investments, accounts receivable and payable, and lease liabilities.

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	2026 $	2025 $
Financial assets			
Financial assets:			
— cash and cash equivalents	4	26,258,649	13,864,633
— trade and other receivables	5	1,898,556	1,425,731
— other financial assets	8	53,315,414	59,486,098
Total financial assets		81,472,620	74,776,462
Financial liabilities			
Financial liabilities at amortised cost:			
— trade and other payables	12a	9,514,257	8,535,427
— lease liabilities	15	7,256,359	8,735,284
Total financial liabilities		16,770,615	17,270,710

Note 21 Fair Value Measurements

The entity measures and recognises the following assets and liabilities at fair value on a recurring basis after initial recognition:
- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- freehold land and buildings.

The entity does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

Valuation techniques

The entity selects a valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured. The valuation techniques selected by the entity are consistent with one or more of the following valuation approaches:

- the market approach, which uses prices and other relevant information generated by market transactions for identical or similar assets or liabilities;
- the income approach, which converts estimated future cash flows or income and expenses into a single discounted present value; and
- the cost approach, which reflects the current replacement cost of an asset at its current service capacity.

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting a valuation technique, the entity gives priority to those techniques that maximise the use of observable inputs and minimise the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market data is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

Recurring fair value measurements	Note	2026 $	2025 $
Financial assets			
Investment portfolio - measured at fair value through OCI (i)	8	18,646,885	17,317,569
		18,646,885	17,317,569
Property, plant and equipment			
Freehold land (ii)	10	14,599,840	14,909,840
Buildings (ii)	10	27,227,153	28,107,349
		41,826,993	43,017,188

(i) The investment portfolio comprises cash, fixed interest securities, listed income securities and managed investment funds. Fair values are determined using quoted market prices and unit prices provided by investment managers at reporting date.

(ii) For freehold land and buildings, fair values are based on a directors' valuation at 30 June 2026, informed by the independent valuations undertaken at 30 June 2024. The 2024 valuations applied market-based evidence for assets for which comparable market information was available and the depreciated replacement cost approach for specialised properties.

Note 22 Reserves

(a) **Asset Revaluation Reserve**
The Asset Revaluation Reserve records the revaluations of non-current assets (land and buildings)

(b) **Capital reserve**
The Capital Reserve records funds allocated to Capital projects.

(c) **General Reserve**
The General Reserve records funds allocated to deliver programs to the community.

(d) **Equity Fair Value through Other Comprehensive Income (Equity FVOCI)**
This reserve records movements in share prices.

Note 23 Entity Details

The registered office of the entity is:
Latrobe Community Health Service Limited
81-87 Buckley Street
Morwell
Victoria

The principal place of business is:
Latrobe Community Health Service Limited
81-87 Buckley Street
Morwell
Victoria

Note 24 Members' Guarantee

The group is a company limited by guarantee incorporated under the Corporations Act 2001 and registered under the Australian Charities and Not-for-profits Commission Act 2012. If the group is wound up, the constitution states that each member is required to contribute a maximum of $10 towards meeting any outstanding obligations of the company. At 30 June 2026 the number of members was 9 (2025: 20).

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
DIRECTORS' DECLARATION

In accordance with a resolution of the directors of Latrobe Community Health Service Limited And Controlled Entities, the directors of the entity declare that:

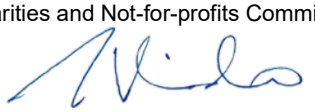
1. The financial statements and notes, as set out on pages 2 to 19, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:

   (a) comply with Australian Accounting Standards - Simplified Disclosures applicable to the entity; and

   (b) give a true and fair view of the financial position of the Registered Entity as at 30 June 2026 and of its performance for the year ended on that date.

2. There are reasonable grounds to believe that the Entity 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 directors and subsection 60-15(2) of the Australian Charities and Not-for-profits Commission Regulation 2022.

Director 

Stelvio Vido

Dated this 24th day of September 2026

Andrew Frewin Stewart
61 Bull Street Bendigo VIC 3550
ABN: 65 684 604 390
afs@afsbendigo.com.au
03 5443 0344

Independent auditor's report to the members of Latrobe Community Health Service Limited

Report on the audit of the financial report

Opinion

We have audited the financial report of Latrobe Community Health Service Limited and its controlled entities (the Group), which comprises

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

In our opinion, the financial report of the Group is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

i. giving a true and fair view of the Group's financial position as at 30 June 2026 and of its financial performance for the year then ended
ii. complying with Australian Accounting Standards - Simplified Disclosures and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report.

We are independent of the group in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Liability limited by a scheme approved under Professional Standards Legislation.

Andrew Frewin Stewart
61 Bull Street Bendigo VIC 3550
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Other information

The directors are responsible for the other information. The other information comprises the information included in the Group's annual report for the year ended 30 June 2026 but does not include the financial report and our auditor's report thereon. The annual report is expected to be made available to us after the date of this auditor's report.

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

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

When we read the annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to the directors.

Directors' responsibilities for the financial report

The directors are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures and the Australian Charities and Not-for-profits Commission Act 2012, and for such internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Group'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 the directors either intend to liquidate the Group or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to 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 group's internal control.

- 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 group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group 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.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- 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 we identify during our audit.

Andrew Frewin Stewart
61 Bull Street, Bendigo, 3550
Dated this 24th day of September 2026

Adrian Downing
Lead Auditor

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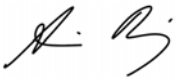
Lead Auditor's Independence Declaration under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 to the Directors of Latrobe Community Health Service Limited

As lead auditor for the audit of Latrobe Community Health Service Limited for the year ended 30 June 2026, I declare that, to the best of my knowledge and belief, there have been:

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



Andrew Frewin Stewart
61 Bull Street, Bendigo Vic 3550
Dated this 24th day of September 2026



Adrian Downing
Lead Auditor

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1800 242 696 • www.lchs.com.au
Latrobe Community Health Service ABN: 74 136 502 022