

2016-2017 Annual Report





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Vision

“As a provider of culturally specific services we aspire to ensure that individuals from culturally diverse backgrounds have access to appropriate aged & disability care services and information to help them enjoy an optimal quality of life and stay independent.”

Purpose

We will succeed through:

- Facilitating client centred care and empowering individual clients and their carers to take control and ownership over their specific delivery requirements.
- Providing a range of culturally specific direct care services to individuals from a range of ethnic backgrounds.
- Identifying suitable and appropriate service delivery partners and facilitating access for our multicultural communities to these partners, where services are not provided by us directly.
- Actively promoting culturally and linguistically appropriate care for our clients, their carers, and the community in general.
- Ensuring we operate a sustainable business that maximises the effective and efficient use of our people and resources.

Values

Our values are founded on

- **Customer focus and innovation** – We continually strive to match our services to the evolving needs of our clients and the community.
- **Inclusiveness** – We will not exclude any individual from a culturally diverse community. If we cannot assist them we will find another organisation that can.
- **Integrity** – Our clients, their families and the multicultural community in general expect that we will operate ethically and treat everyone with respect. We will be transparent in our dealings, honour our commitments and provide them with services that not only meet their needs but represent value for money.
- **Accountability** – We say what we mean and do what we say. We are mindful of our responsibility to the community in general and will always act as a responsible provider of care services to culturally diverse communities.

Chair's Report



Jack Passaris OAM
Chair

On behalf of the Board it is my pleasure to present the 26th Annual Report for Multicultural Care, formerly known as Multicultural Aged Care (MAC). It has been an exciting year of change for Multicultural Care, marked by the launch of our new brand in June and an expansion of our service offerings.

I am delighted to report that, with our transformation, our focus on delivering high quality services to those from culturally and linguistically diverse communities has not wavered. As we have done for over 25 years, during the past year we continued to care for and support people from diverse communities living in the Inner West, South East and South West Sydney suburbs. Our clients are from all around the world, with more than 40 different languages represented including Arabic, Mandarin, Cantonese, Italian, Greek, Lithuanian, Korean, Hungarian, German, Turkish and Vietnamese, just to name a few.

This year, more than 600 care recipients received services from our pool of over 50 dedicated front line employees who are from diverse backgrounds. Our team's diversity ensures clients are matched with a carer from a similar cultural background who not only provides great customer service but also culturally-tailored services and supports suited to each client.

This year our range of services incorporated Home Care Packages offered through the government's new consumer directed care approach, multicultural centre based day respite services and Commonwealth Home Support Programme funded domestic assistance, personal care and transport services. In February 2017, we received funding to deliver a new short term restorative care program and began supporting our first client in March. This year, we also became a registered National Disability Insurance Scheme (NDIS) provider, delivering personalised disability care services to people with a disability who wish to remain living independently and safely in their own homes.

“I am delighted to report that, with our transformation, our focus on delivering high quality services to those from culturally and linguistically diverse communities has not wavered”.

We would not have reached this point without successfully completing our three-year strategic plan (2014–2017). Significant enhancements during the year to our office and core systems, such as our IT infrastructure and policies and procedures, have also ensured that going forward we can work more efficiently and effectively for our clients.

The Board and management team are now close to finalising the next three year strategic plan which will guide Multicultural Care's future as a leading in-home care provider who places cultural identity and needs at the forefront of service delivery.

I thank my fellow Board members for their efforts and support this year, particularly through the new brand development and expansion of our services. We also acknowledge the support of our funding body, Department of Social Services.

Lastly, I congratulate all staff at Multicultural Care on a very successful year. In particular, I would like to acknowledge the dedication of our CEO, Dr Rosy Walia, without whom this success would not be possible. By ensuring language and cultural differences are key considerations in all our service delivery, our staff empower people from diverse backgrounds to continue to stay living in their own homes independently and to participate in their communities with dignity.

Jack Passaris OAM
Chair





Chief Executive Officer's Report



Dr Rosy Walia
Chief Executive Officer

It is my pleasure and honour to present Multicultural Care's Annual Report for the 26th Annual General Meeting (AGM), together with our Chair Jack Passaris OAM.

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2016–17 has been a very significant year for our organisation. We have successfully launched a new brand, transformed the way we work and diversified our services to align with our varying target communities and the reforming sector in which we operate. Our aged care services have continued to evolve, supported by strong marketing which is vital in today's open market.

Being a growing organisation, it is critical that we stay agile and contemporary; and for that it is important to have an appropriate organisation structure with innovative systems which are reviewed and improved incessantly. We successfully transferred our organisation from an incorporated association to a company limited by a guarantee.

We took this opportunity to refresh our brand, adopt a new constitution and change our name to reflect our diversified target communities. The proposed conversion to a public company limited by guarantee and the proposed adoption of the new constitution and the name "Multicultural Care" were passed by way of Special Resolution at the Annual General Meeting held in December 2016.

Becoming a registered National Disability Insurance Scheme (NDIS) provider after successfully passing the Third Party Verification (TPV) against the Disability Services Standards was another catalyst for developing our new brand, and the driving force behind our new name, Multicultural Care. According to the Australian Bureau of Statistics, approximately 20% of Australians who have some form of disability are from non-English speaking countries, yet only 4.2% of NDIS participants identify as being from culturally and linguistically diverse backgrounds. By becoming Multicultural Care we will not only continue to provide our culturally appropriate aged care services but also will fill the gap being left by lack of culturally tailored disability care services.

On June 22, 2017 I was delighted to officially unveil our new brand and name at the Playford Community Centre in Clemton Park Village. More than 70 guests including clients, staff, media, suppliers and guest speakers joined us for this exciting celebration. We were also fortunate to have two very passionate disability advocate speakers present, Mr Luis Moreno from the Multicultural Disability Advocacy Associate and Ms Christine Regan from the NSW Ombudsman.

I take this opportunity to thank everyone who attended and contributed to make this celebration a memorable experience. A momentous amount of planning, strategy and efforts were put to achieve this significant milestone.

Diversification of services

In February 2017, we successfully applied for newly developed Short Term Restorative Care program and were allocated 13 places out of 103 allocated to ten providers across NSW. The new places are part of the 2016–17 Aged Care Approvals Round (ACAR). The program is funded by the Department of Health and is designed to provide more flexible options to assist older people in the event of an illness or injury so they can remain living at home. The program comprises eight weeks of multidisciplinary care incorporating the expertise of relevant health care professionals, to develop an individualised plan that enable to deliver restorative support and avoid premature entry to residential aged care. Multicultural Care is currently the only provider to receive allocated places in Sydney's Inner West (IW) region. We are collaborating with General Practitioners and Medical Centres to promote this program to eligible elderly people in our three target areas namely Sydney's Inner West (IW), South West (SW) and South East (SE).

In March 2017, we were delighted to participate as one of the five providers in the live announcement made by the Minister for Aged Care, Ken Wyatt AM, MP, regarding \$115 million extra funding to deliver additional aged-care services nationally through the Commonwealth Home Support Programme (CHSP) Growth Funding Round.

“2016–17 has been a very significant year for our organisation. We have successfully launched a new brand, transformed the way we work and diversified our services to align with our varying target communities and the reforming sector in which we operate.”

We received funding for some new services like allied health services (IW), centre based respite (SW) and flexible respite across our three target areas.

To support our move into disability care we successfully applied for an innovative horticulture project – Diversity Gardens in the first round of the Information, Linkages and Capacity Building (ILC) Grants – National Readiness 2016–17. Multicultural Care was one of only 24 providers Nationwide to successfully secure funding under the category – Community Awareness and Capacity Building. Horticulture Project will link people with intellectual disability to their communities through partnerships with schools, business and support providers. People from multicultural communities will have access to garden plots across our three target areas where they will participate in gardening tasks to experience a sense of accomplishment and productivity. By addressing the barriers to inclusion in practical ways, such as through gardening and horticulture, sustainable connections, social, educational and employment opportunities will be identified and supported.

Multicultural Care will also begin from July 2017 onward helping families of multicultural people with a disability who are finding language barriers an issue when trying to navigate NDIS services. In addition, we will provide bilingual care workers to integrate cultural values and practises into their care plan. We see an opportunity to use our expertise in culturally appropriate in-home care services in this space.

The changing sector

This Annual Report is a reference point for the significant work that has taken place over the past year to align Multicultural Care with widespread changes across the services sector. Government

policy reforms, increased market competition in some segments and community expectations are driving advancements in the way we do business.

A major reform for the aged care sector occurred in February 2017 when all packages became portable. This means that older people now have more choice about their provider and the type of care they receive. A new national prioritisation process has been established for home care, including the establishment of a national package queue, which will assign packages based on individual needs and how long the care recipient has been waiting for services, regardless of where he/she lives. Although the intent of these changes is good, these have resulted in unintended consequences and confusion for the clients especially for those from culturally and linguistically diverse background. We continue to support and educate our target communities about navigating the complex system of aged care.

In preparation for these sector changes as well rolling out of NDIS services in our target areas, Multicultural Care continued to enhance its systems and business processes. In the past year we have completed many significant projects across technology, risk and governance, education and training, marketing and service delivery to ensure that we stay agile all the time

These projects were transformational, requiring every team to embrace new thinking and a willingness to adapt. I applaud the energy, commitment and resilience shown by our staff during this era of change and ambiguity.

Multicultural Care is nothing without its people, therefore it is vital to invest in our people. To promote health and wellness among our people we commenced 'Get Healthy at Work Program'. This NSW

funded program offers practical advice and support to workplaces including brief health checks and a workplace health program. Staff enthusiastically participated in health checks with a participation rate of above 94%. While writing this report, a staff committee has been set up to develop an action plan including a workplace health program.

We continued with our biennial staff survey however this year in May 2017, Multicultural Care conducted its first external staff survey with Voice Project. The survey provided staff with the opportunity to give feedback about the quality of current work practices at Multicultural Care. I am proud to report that we achieved an excellent participation rate, with 84% (58% industry average) of staff completing the survey. The findings of this survey and the corresponding action areas will be reported in the next years' report.

I would like to wholeheartedly thank the Board of Multicultural Care, for leading and supporting the organisation throughout this period of significant change. My sincere thanks go to our entire team for not only enthusiastically embracing all the changes but also for their commitment to continue to provide exceptional services to clients. I would like to thank the Department of Health for their ongoing financial support.

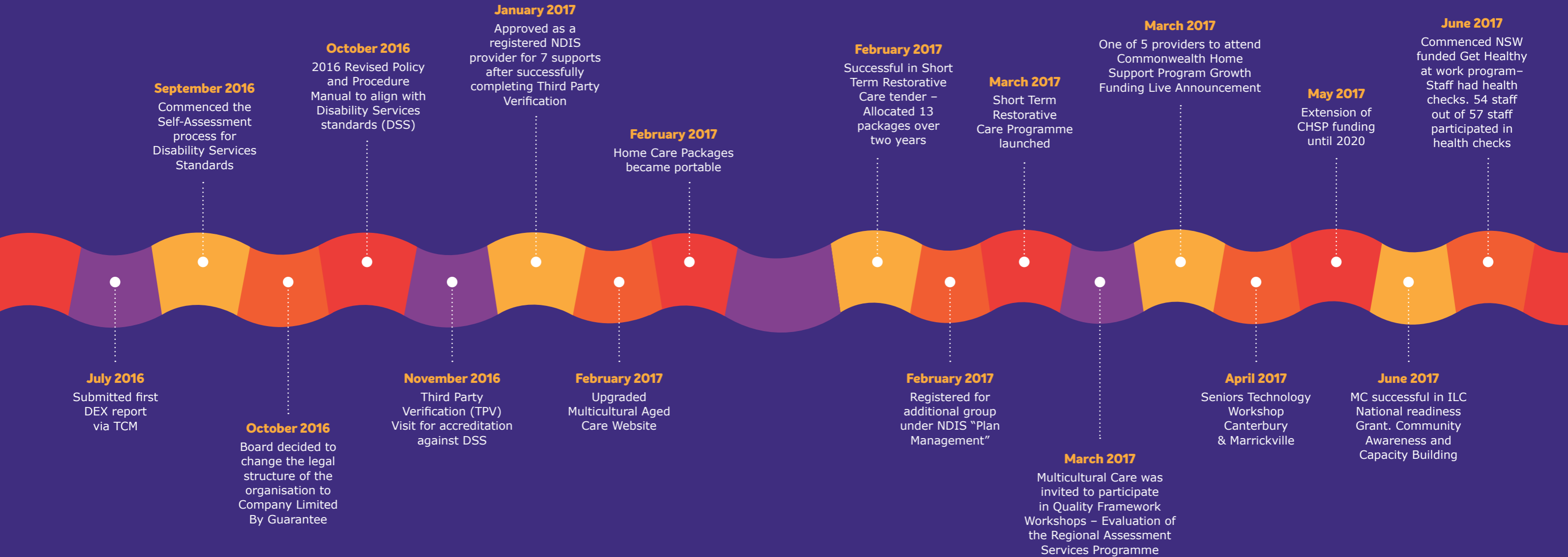
Thanks also goes to National Disability Insurance Agency for their financial support this year. Last but not least I thank our clients and their families for being our partners in the care.

I look forward to working with all stakeholders in this exciting time as our organisation continues to evolve and grow in 2018 and beyond.

Dr Rosy Walia
Chief Executive Officer



A year in review



The Board



Jack Passaris OAM
Chair

Mr Passaris is Chair of Multicultural Care (previously Multicultural Aged Care Inc.) and has been since 2003. Presently he is also Deputy Chair of the Ethnic Communities' Council of NSW and is also a Foundation and Life Member. He is a former Deputy Mayor of Marrickville Council where he served for 19 years as a Councillor.

He is President of the Greek Orthodox Parish of Newtown and Treasurer and Trustee of the Greek Orthodox Archdiocese of Australia Consolidated Trust. Mr Passaris received the Order of Australia Medal for his services to the Community in 2009 and he has demonstrated his ongoing dedication to multiculturalism in Australia and community life. In 2014 he was awarded the Premier's Lifetime Multicultural Community Service Medal.



Marta Terraciano JP
Vice Chair

Mrs Marta Terraciano has been with Multicultural Care (previously Multicultural Aged Care Inc.) since 2006. C.E.O. of Residential Gardens for the Spanish Speaking Frail Aged Ltd. Member of the Western C.E.O. Network Committee. Secretary at the Ethnic Community Council.

Past Key Positions:

- Commissioner of Multicultural NSW.
- Member of the NSW Health Care Complaints Commission and Consumer Consultative Committee
- Member of the Palliative Care Advisory Group
- Member of NGO Housing Partner Reference Group (Housing NSW)
- The Spanish-Speaking Ministerial Consultative Committee
- Liverpool Migrant Resource Centre Treasurer
- Uruguay United Secretary
- President of the Migrant Women Health Centre committee



Marta Terraciano JP
Vice Chair (Continued)

- STARRTS committee member
- Australia-Uruguayan Women's Association committee member
- Integral Energy Customer Consultative Committee
- Member for Fairfield Museum Gallery Advisory Board
- Member for the Aged Care Liaison Committee

Marta experience has helped her become a key figurehead in the community.

Her comprehensive knowledge and understanding of cultural issues in the community has allowed her to become part of the Cultural Diversity Expert Advisory Group in which has benefited many people from different cultural backgrounds.



Dr George Margelis
Treasurer

George is a medical practitioner who has been deeply involved in technology for the last 30 years. Originally trained as an optometrist, he started tinkering with computers in 1981 when he bought his first PC, a Sinclair ZX80 before going back to medical school to complete his training at the University of Sydney.

He was Chief Information Officer (CIO) of a private hospital group as well as managing an innovative software development team that produced a personal health record for Australians 10 years before the PCEHR. He joined Intel in 2005, and then Intel-GE Innovations as they tried to radically transform healthcare and has some amusing stories he can share about that time.

In 2013 he was appointed an Adjunct Associate Professor at the University of Western Sydney with the TeleHealth Research & Innovation Laboratory (THRIL) and is also currently a member of Ignition Labs a start-up incubator in the health space as well as a number of advisory roles. In 2014 he was appointed to the IT in Aged Care Hall of Fame for his work in the use of technology in aged care.



Emanuel Valageorgiou

Secretary

Emanuel has been the Secretary of Multicultural Care (previously Multicultural Aged Care Inc.) since being elected in 2007 and is an experienced NFP board director and was formerly a senior executive with TransGrid.

He currently provides HR and change management consulting services to NFPs and small business. Emanuel has been a member of the Board of the Ethnic Communities' Council of NSW since 2005, serving as Secretary from 2007–11 and Chair from 2011–2013. He is co-founder and Deputy President of Glory Football Club and has extensive experience in voluntary organisations dealing with multicultural issues, aged and disability care, youth and sport.



Michael Hawatt

Member

Michael has been a Board member with Multicultural Care (previously Multicultural Aged Care Inc.) since 2006 and a Local Government Councillor with Canterbury City since 1995.

Michael is committed to volunteering in his local area with professional organisations such as Multicultural Care which serve those members of the community with disabilities and the elderly.

Michael served on a number of local groups and is familiar with the community of Canterbury and ran on numerous occasions for the State Parliament. He is currently President of the Watson FEC, Lakemba SEC and Canterbury LGC for the Liberal Party and has also managed a number of election campaigns including Federal, State and Local Government.

Michael is a Finance Broker principal in Lakemba and is considering expanding his business to include Import and Export Trade. He has previously worked for a number of large companies including Qantas as a Computer Analyst.



James Eftekhari

Member

James Eftekhari. FIML. FInstAM.FCIM. Has been on the board since September 2016

With over 30 years of senior managerial/Board experience, James brings with him expert business acumen and entrepreneurial flair for the businesses he supports.

The former Australian Institute of Management now the Institute Managers and Leaders where James currently serves as a fellow for their mentoring program, in its Leadership magazine in an article about him describes James as 'the new breed of managers'. James is also a fellow of other organisations such as the Chartered Institute of Marketing and Institute of Administrative Management.

James has always been proactive in the community, he was elected as a liaison officer between the labour party and councillors during Tony Blair's election campaign and during Tony Blair's term as Prime Minister James took on the role of District Executive for the Midlands.

With so many contacts in the leisure industry James has been very successful in organising not-for-profit events raising substantial sums of money to support various charities in the UK such as Childline and Mencap in UK.



Dr Rosy Walia, GAICD

CEO & Public Officer

Rosy has been CEO for Multicultural Care (previously Multicultural Aged Care Inc.) since 2007 and has 20 years senior management experience in community care and health. Her previous role was State Manager – NSW & ACT with Quality Management Services (now QIP), a leading National accrediting body.

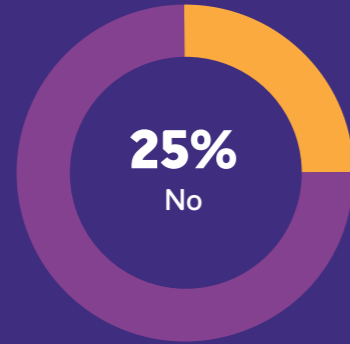
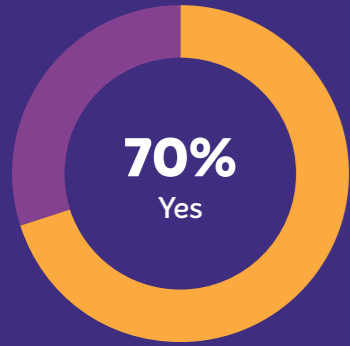
Rosy is a recipient of prestigious Cultural Diversity Scholarship (2015) at the Australian Institute of Company Directors (AICD). She is passionate about the not for profit sector and has been on numerous Board and advisory panels within this sector. At present, she is a non-executive director of Community Options Australia and Sydney Health Community Network, a member organisation of Central and Eastern Sydney Primary Health Network. She has been an active member of the Community Care Advisory Committee of ACSA for the last 7 years.

Over her career, Rosy has gained experience in liaising with a diverse range of individuals, community groups, service providers and government departments. It is her belief that effective public relations skills are essential in achieving appropriate outcomes.

Formerly a QIC reviewer, Rosy is a graduate of AICD with a Doctorate in Social Science and a Certificate IV in Training and Workplace Assessment.

Our people

Born Overseas



Bilingual



98%
of our people speak
another language
other than English

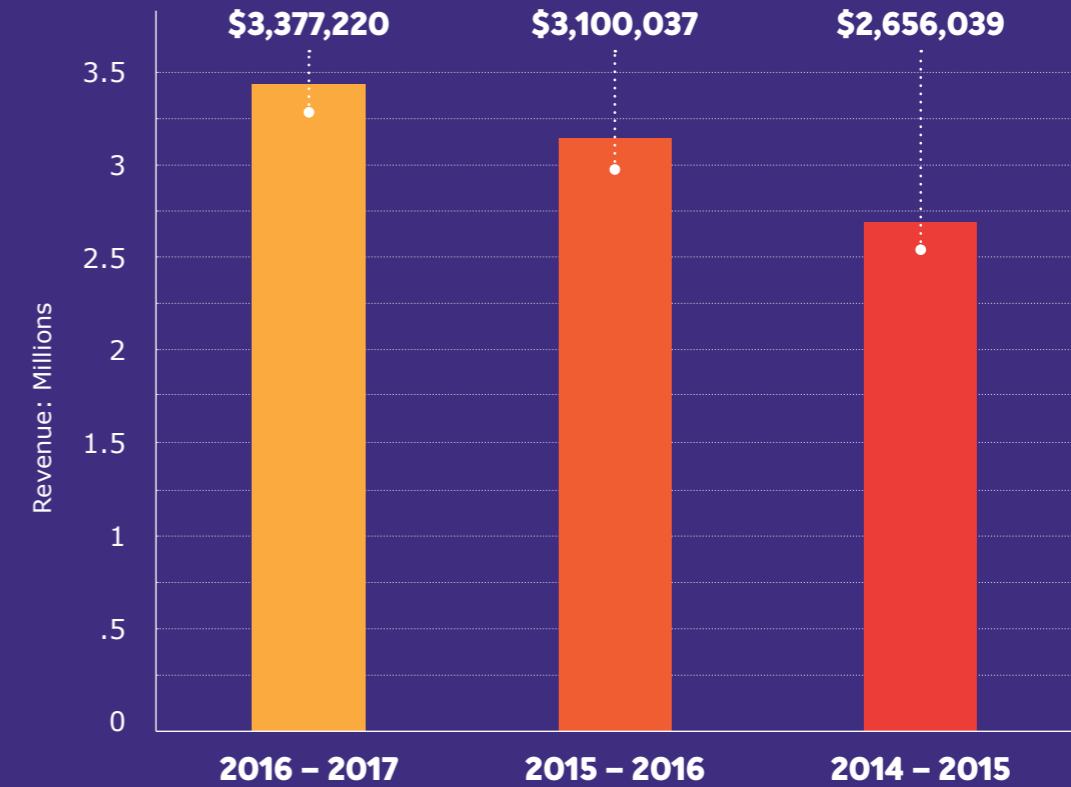
2%
No



of our Multicultural
Care Managers
are female

Our financials

Income Statement



Increase in revenue 8.9% in last financial year

Launching our new brand

On June 22, 2017 we were excited to officially unveil our new name and logo at a special event for our clients, partners, staff and stakeholders in the health, aged care and disability sectors.

In addition to revealing our new logo and the motivation behind the rebrand, the event was an opportunity to re-iterate the new direction the organisation is taking to provide culturally-tailored care to everyone in the multicultural community, not just the elderly.

The event was held at the Playford Community Centre in Clemton Park Village and was well attended with 70 guests including representatives from local media outlets.

Multicultural Care's CEO, Dr Rosy Walia hosted the event and in the lead up to revealing the new brand featured a short animation which told the story on the evolution of the new brand. Attendees enjoyed hearing from guest speakers, Christine Regan, NSW Ombudsman Senior Project Officer for the Rights Project for People with Disability, and Luis Moreno, NDIS Community Information and Promotion Officer from Multicultural Disability Advocacy Association of NSW Inc. Ms Regan and Mr Moreno are both passionate disability advocates. They shared their thoughts about the importance of culturally-tailored care services for all. Multicultural Care's Board member and Treasurer, Dr George Margelis also delivered a speech and spoke about the organisation's exciting future.





About Multicultural Care

Multicultural Care is a leading not-for-profit provider of culturally tailored in home support services that enable individuals to live independently at home for as long as possible.

For over two decades we have provided in home care and support to elderly individuals from diverse backgrounds living in and around the Inner West, South West and South East suburbs of Sydney. As a registered NDIS provider, Multicultural Care also provides support services to people with disability from multicultural backgrounds.

We are located in Campsie and employ qualified and professional support staff, many of whom are bilingual. Collectively, our staff speak over 20 languages. Our approach is to get to know each client, and their specific needs and wants, before assigning a carer. We aim to match every client with a compatible carer so we can deliver the best possible services and support for each individual.

Multicultural Care's services include:

Aged Care services including:

Commonwealth Home Support Programme

Home Care Package

Short-Term Restorative Care Programme

Private Services

Disability Services including:



Assistance with Personal Activities



Life Skills Development and Training



Group centre activities for social inclusion



Community Participation



Domestic assistance



Plan management



Horticulture Project for social inclusion

Aged Care Services



Home Care Packages

For over 25 year we have been extending support to people from culturally and linguistically diverse backgrounds in their own homes. We understand that every person is unique, has different cultural values and that cultural needs should be directly integrated into care requirements.

Home Care Packages

Many of our clients are similar in one obvious way, they all would like to live independently in their own home for as long as they can. We are passionate about working with families and individuals to find solutions for people from culturally and linguistically diverse backgrounds.

Home Care Packages are funded by the Commonwealth Government. They are a great way to gain access much needed support that will help individuals stay in their own homes for as long as possible. At Multicultural care our services are designed to promote positive ageing & independence through culturally tailoring services to meet needs. We encourage find ways to support activities that make you happy, keep you connected to the community and healthy as possible.

Home Care Package program can be accessed by older frail persons 65+ years of age (50+ for Aboriginals and Torres Strait islanders). Self-funded retirees can also receive services privately on a cost for fee basis. Eligibility for these packages is determined by the Aged Care Assessment Team (ACAT).

How can a Home Care Package help you?

Your Home Care Package helps you access support while still in your home. Our team are ready to support you with:



Keeping your home clean and tidy



Assisting with home and garden maintenance (including modifications)



Taking you shopping, or doing your shopping for you



Preparing nutritious meals with you or for you



Social support, which can be sharing time together over a cup of tea



Allied health needs, including occupational therapy, speech pathology, physiotherapy and podiatry services



Assistive technology, which can be equipment or devices that help you with daily tasks, as well as communication and mobility



Personal care

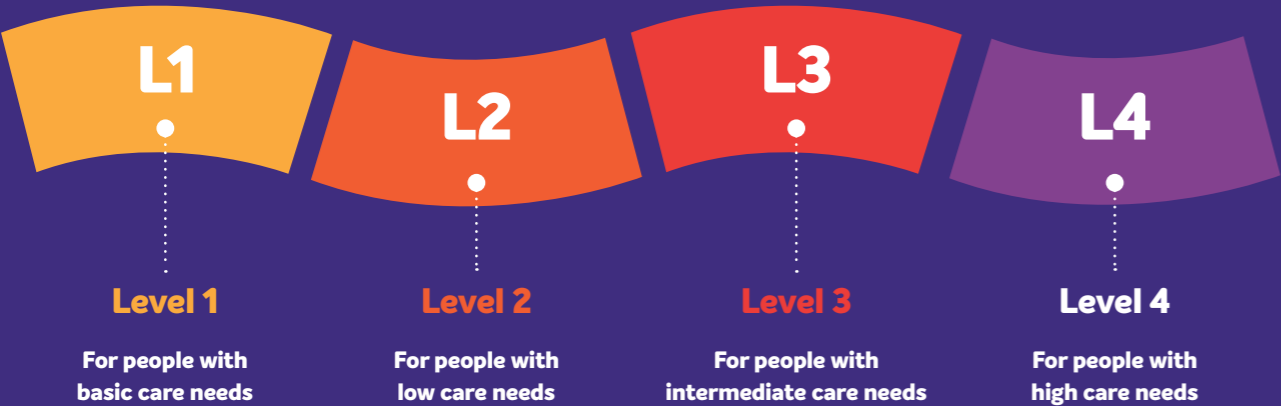


Taking you to appointments or social engagements

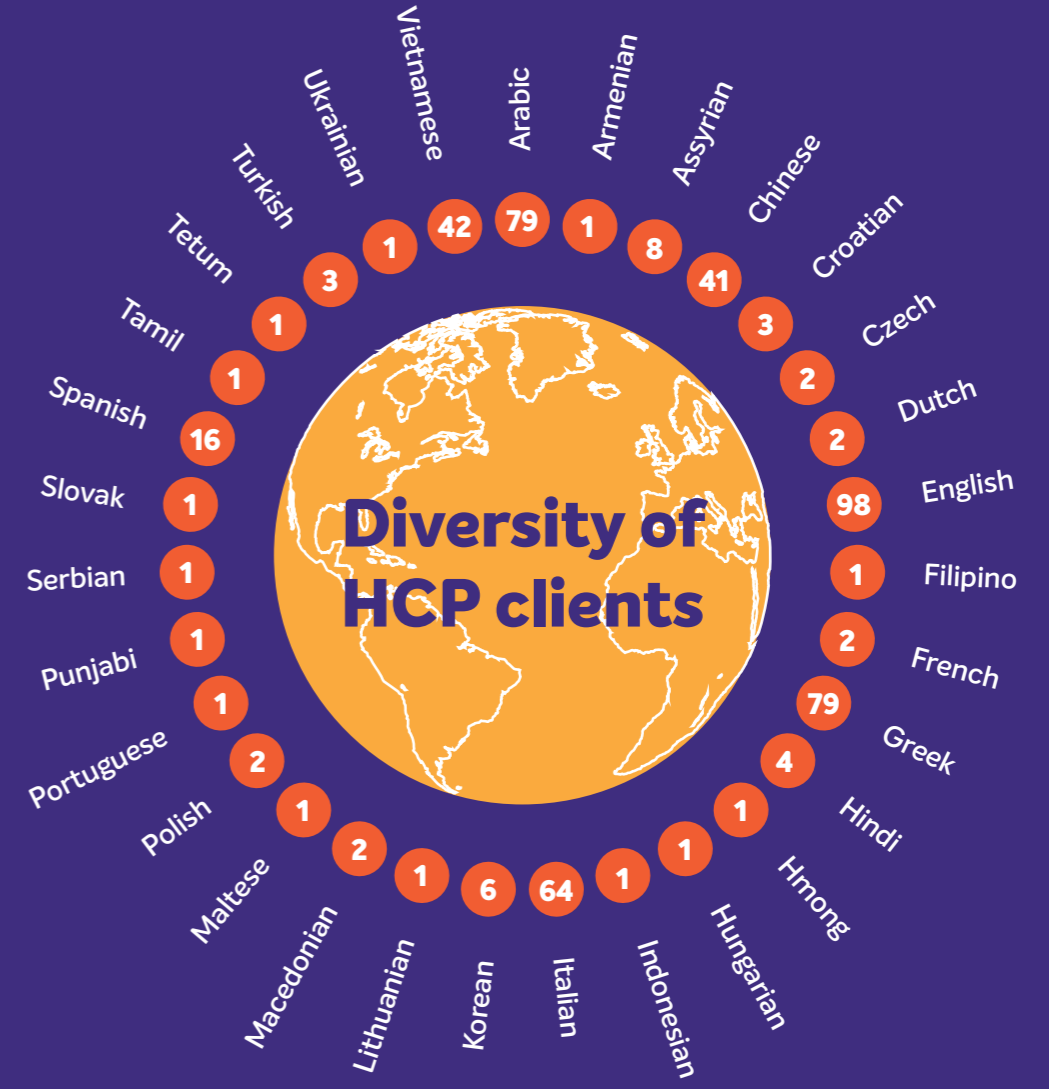
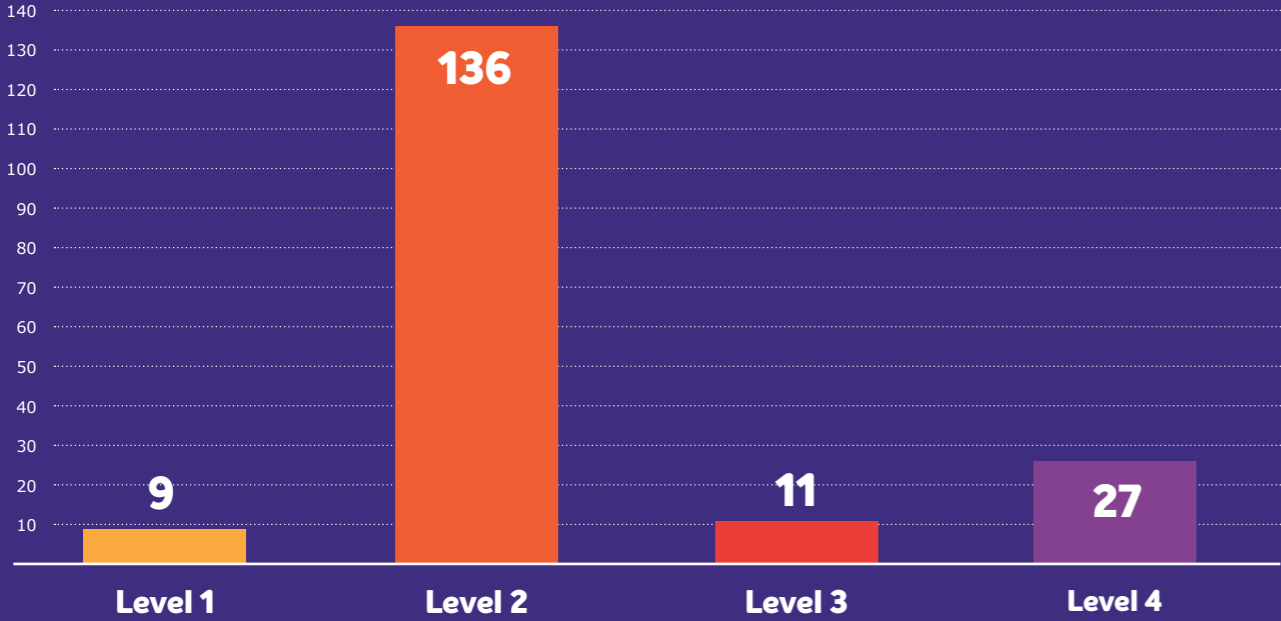


Nursing care, which can include wound care, managing skin integrity, continence management and medication management

Four levels of Home Care Packages for you:



Number of Packages



Commonwealth Home Support Programme (CHSP)

CHSP is designed to provide all older Australians with information and connections with appropriate entry-level home support services to assist with daily living. The aim of CHSP is to help older Australians stay independent and in their homes and communities for longer. Carers of older people will also receive support under the CHSP.

Many people use CHSP when they need low-level support. As their needs become more intensive or complex, requiring some case management assistance, they can be referred for a Home Care Package.

Multicultural Care offers a range of home and community care services including:



Domestic assistance

household jobs like cleaning, clothes washing and ironing.



Centre Based Day Respite

Inner West Sydney & South West Sydney social activities in a community-based group setting where the carer has respite.



Personal care

help with bathing or showering, dressing, hair care and going to the toilet.



Transport

South East Sydney help to get out and about for shopping or appointments.



Flexible respite

In home respite where the carer has a break.



Allied health support services

Inner West Sydney such as physiotherapy, occupational and speech therapy, podiatry, dietician etc.

Commonwealth Home Support Program

*excluding Centre Based Day Respite



Differences between CHSP & HCP

With CHSP you

- ✓ Choose from set services – there isn't much flexibility.
- ✓ Only pay for the services you use.
- ✓ Can dip in and out of the program as you need things.
- ✓ Have your eligibility assessed by the Regional Assessment Service (RAS).

With a Home Care Package

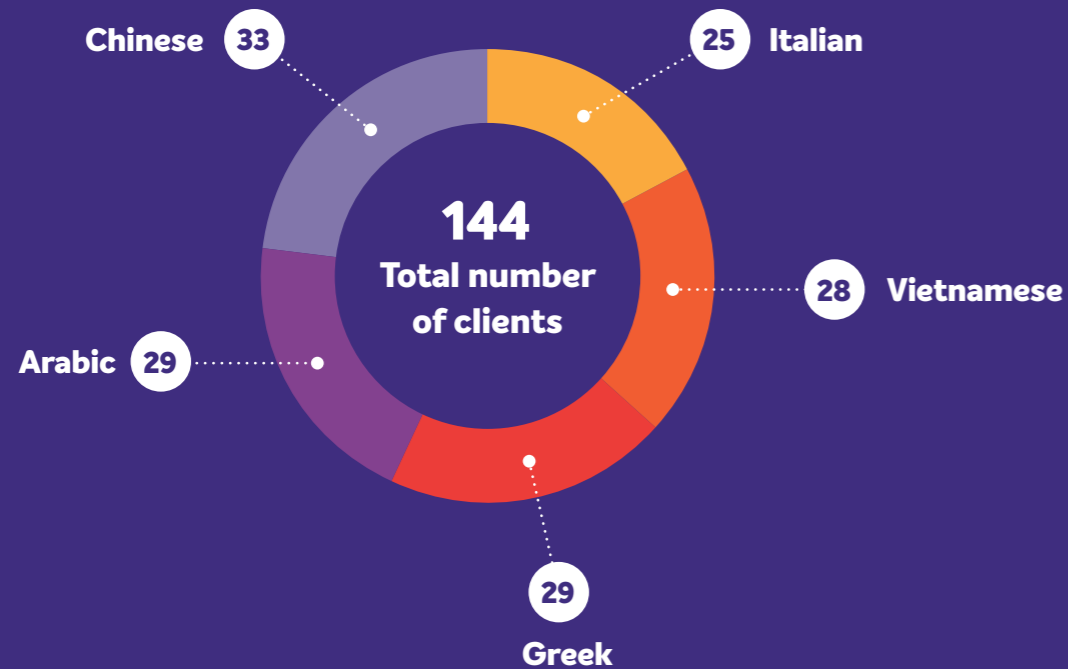
- ✓ A case manager or case adviser helps you understand the system and work out a Care Plan that suits your individual needs and preferences.
- ✓ Once you have a package, it stays in place for the long term.
- ✓ Your eligibility is assessed by the Aged Care Assessment Team (ACAT).

Care Relationships & Carer Support – Centre Based Day Respite

Multicultural Care delivers vital respite program known as Centre Based Day Respite for our Communities living in the Canterbury region to social with peers, pursue hobbies and maintain their physical and mental capacity.

Our team of skilled staff who understand the group's cultural and language needs deliver the carefully planned program which addresses the clients' needs and assists them in maintaining social connections, overcome loneliness and reduces the risk of depression. This program is helpful to carers who get to benefit from weekly respite.









Centre Based Day Respite Clients July 2016 to June 2017



Centre based activities and recreational outings

The group meets weekly alternating between centre based activities and recreational outings. Our dedicated bilingual Case Manager provide options of location and activities. Outings range from visits to gardens, beaches, parks, restaurants and other areas of interest. All clients are provided with door to door transport and healthy nutritious meals.

Activities include:

-  Gentle exercises
-  Music
-  Singing
-  Cards
-  Arts & crafts
-  Bingo
-  Technology training
-  Dancing

We visited some great locations:



Short Term Restorative Care (STRC)

Wellness, reablement and restorative approaches are ways in which older individuals can improve their function, quality of life and maintain their independence.

Short-term restorative care (STRC) packages aim to reverse and/or slow the functional decline in older people and improve their overall wellbeing through providing flexible care incorporating a multidisciplinary team in a home setting.

Multicultural Care supports individuals from culturally and linguistically diverse communities in their own home that is:



To be eligible for Short-Term Restorative Care:

- You cannot be receiving a current Home Care Package.
- You are not currently in a Nursing Home.
- You have received after hospital care through the transition care program in the past six months.

You are only allowed a maximum of

- 2 Periods of Short-Term Restorative Care in one year.

Once you have approval from your ACAT assessment it is valid for 6months plus one day.

The services will address medical, physical and psychological needs and can include:

 Case management	 Bathing/dressing	 House cleaning	 Meals
 Shopping	 Gardening	 Nursing (medication, wounds, etc)	 Transport
 Aids or equipment	 Physiotherapy visits	OT Occupational therapy visits	 Other allied health visits as required

Short Term Restorative Care Programme

In March 2017 we successfully launched Short Term Restorative Care and our first client in April 2017. Within a 3 month period we successfully completed 6 care plans supporting individuals.



Case study

Mrs Ibolya Nagy



More than care

Anyone who meets Mrs Ibolya Nagy — or Bobby as she prefers to be called — is immediately struck by her bubbly, energetic personality. The spirited 82-year-old grandmother first connected with Multicultural Care in 2013 following a hip replacement. She has been accessing our care services twice weekly since then and still enjoys living independently in her own home.

Bobby moved to Australia in 1957 from Budapest, Hungary in her early 20s. She met her husband not long after she arrived and lived for many years in Cooma in New South Wales before moving to Earlwood in Sydney where she lives in her home for more than 50 years ago which has a lovely bright garden.

Although she has only visited her homeland a few times, Bobby maintains close ties with Sydney's Hungarian community. When her health permits she enjoys participating in the Hungarian walking group. She says Hungary today is a very different country to the one she left back in the 50s.

During her younger years, Bobby worked as a housekeeper. Now she doesn't know what she would do without her Multicultural Care workers, who visit her every week.

"The staff are terrific people. They are wonderful people," she says.

Multicultural Care assists Bobby with the following services, which she is able to access using her Home Care Package:

- Personal Care
- Domestic Assistance
- Home Maintenance
- Shopping

Nothing is too big or too challenging for Multicultural Care. For instance, when a heavy leakage at Bobby's front entrance was putting her at risk of slipping and falling, Multicultural Care was able to organise for the front gutter to be replaced quickly and efficiently. Our staff also arranged for a physiotherapist to visit Bobby to assist with pain management after her hip replacement.

Being part of the family

At Multicultural Care, we understand how important it is for our carers to connect with their clients. We carefully match clients with friendly and supportive carers who come from a similar background and understand cultures.

For our client, Mrs Humus Veli, this approach has been crucial. Humus, who will turn 91 in December, moved to Australia from Cyprus in 1973 and has a Turkish background. When she arrived in Australia, Humus worked in a factory in Marrickville in Sydney's Inner West, surrounded by people who spoke her native language. With work and family commitments taking up her time, the mother of four had few opportunities to learn and practice English. Consequently Humus speaks very little English, preferring to communicate in Greek & Turkish.

An active mother and grandmother, Humus loves to spend her time baking, cooking and looking after her vegetable garden. She has a close knit family, with her daughter actively involved in her care along with one of her sons who also lives close by.

Eight years ago Mrs Veli and her family approached Multicultural Care to access services that would help her stay living safely and independently in her Campsie home. Multicultural Care worked closely with Mrs Veli to specifically tailor her care to ensure that her primary carer spoke her language and understood her cultural needs.

As part of her Home Care Package, carers visit Humus twice a week to assist with Personal Care, Domestic Assistance, Shopping and Transport. But the relationship has become much more than simply help around the house and in the community for Humus. By being able to build a close relationship with her carers through language and cultural interests, Humus says she feels part of the Multicultural Care family. Equally, her carers are a very special part of her family.

Case study

Mrs Humus Veli



Case study

Jim Burt



A tailored program to promote independence

A multidisciplinary team approach

Our client, James (Jim) Burt, is 79 years old and has lived alone in his unit in a retirement village in Lewisham for the past 15 years. Not yet ready to move out of his own home, Jim was looking for extra assistance to help him continue to live independently and safely at home. When he was referred to Multicultural Care's Short-Term Restorative Care Programme, we organised a multidisciplinary team making sure to include Jim's GP, provided care and support to improve his wellbeing, and helped to develop an in-home care program suited to his needs.

Jim is lucky to have very caring neighbours and a close knit family who have supported him for many years. His sister, Caroline and her husband, regularly phone and visit him from their home in Canberra. Jim's brother Peter and his wife live in Sydney and assist Jim with his daily needs, including taking him to medical appointments at times and helping to manage of his medications. Peter and his wife have also helped Jim de-clutter his unit of the books and newspapers he collects. Jim accesses domestic assistance funded through the Commonwealth Home Support Programme.

Jim is desperate to stay at home and wishes to continue to remain living independently in the same unit for as long as possible. However, when his functional decline began to become a concern to himself and his family, Caroline called My Aged Care (MAC) to refer Jim for a comprehensive assessment. Jim was also finding it hard to attend to his personal care and grooming, and safely manage his medication using the Webster pack as a result of suffering from hand tremors. Due to being overweight, Jim's mobility had also declined.

The Aged Care Assessment Team (ACAT) deemed Jim eligible for the Short-Term Restorative Care Programme and referred him to Multicultural Care, the only service provider in Sydney's Inner West allocated packages in the region.

When Jim's referral was received and accepted in the My Aged Care portal, the Short-Term Restorative Care Case Manager called Jim and Caroline to offer the package and obtain Jim's consent to organise a multidisciplinary team.



“At first I was apprehensive about having new people coming over, but the staff who came to help me were great.”

The ACAT assessor identified the following key services and support to assist Jim:

- Allied health services to assess Jim's overall function as well as his home environment
- Dietary support to address his type 2 diabetes as well as his weight, which was limiting his physical capacity
- Incontinence support
- Medication management support

Jim's General Practitioner (GP) was informed of the Short-Term Restorative Care approval by his family, and attended an initial case conference with Jim and his family. Jim's Case Manager, Neriza also organised a physiotherapist, dietician and occupational therapist for the initial multidisciplinary team meeting. The meeting's purpose was to agree on the care plan to ensure Jim would have access to the best services and support to ensure he could remain at home safely for as long as possible, as per his wishes.

Each health professional was able to provide expert advice and support to improve Jim's wellbeing. The physiotherapist conducted and recorded a Modified Barthel Index (MBI) assessment entry as per the programme requirement. The MBI exit assessment was also completed by the same physiotherapist prior to exiting Jim from the programme.

Jim's GP ruled out other serious causes of Jim's functional decline, however suggested that Jim needed support for medication compliance and assistance with daily living tasks to reduce the incidence of falls. The GP noted that Jim's overall function had decreased and agreed to review Jim regularly to monitor his progress.

The physiotherapist assessed Jim as being deconditioned with poor balance. Therefore, Jim's goal was to increase upper and lower limbs strengthening, engage in balance practice to decrease the risk of falls and increase outdoor mobility. Jim was provided with twice weekly physiotherapy treatments at home for eight weeks.

The occupational therapist assessed Jim's home environment and developed strategies to support Jim to regain independence with his daily living activities. Jim's occupational therapists also recommended assistive technologies and equipment such as a shower stool, toilet raiser and high back chair so Jim could safely complete daily tasks himself.

The dietician reviewed Jim's current diet and provided information on appropriate dietary habits for him. She also recommended for Jim to be supported with his meal preparation and food and drinks choices while doing his weekly shopping.

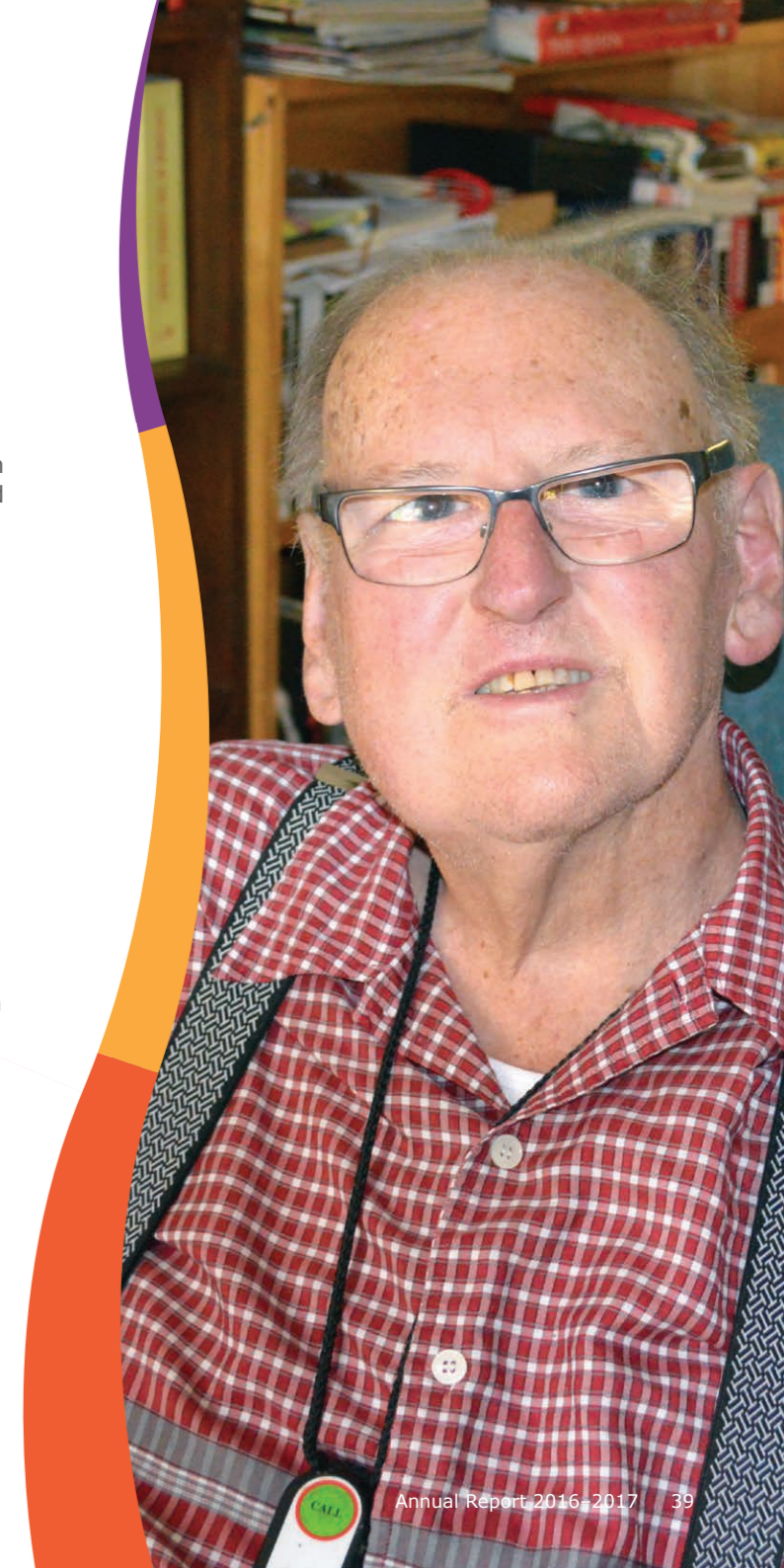
Neriza, Jim's Case Manager, also referred Jim for continence assessment due to the frequency of incontinence issues, especially when he is out in the community. Jim was provided with education on adhering to a toilet regime and continence supplies.

Jim was referred to a podiatrist for treatment of his corn and toenails care. New footwear was also recommended because Jim was having difficulties reaching his lower limbs and tying shoe laces.

Jim is very pleased with the new shoes he has purchased, which he finds easy to take on and off. Jim was provided with personal care and meal prep/ medication monitoring services, as well as social support and transports service to help him go shopping or attend medical appointments.

During the eight week program, Neriza liaised with Jim and his siblings on a regular basis to provide feedback on Jim's progress. Regular reviews were arranged in advance with Jim and his family, and Neriza visited Jim in the 3rd week, 5th week and 7th week to assess progress.

With the collaborative care approach applied to Jim's holistic care and adequate information provided by each discipline of a multidisciplinary team, the end result has been a better outcome overall for Jim as per feedback provided by family members.



Client satisfaction



Annual Client Satisfaction Survey

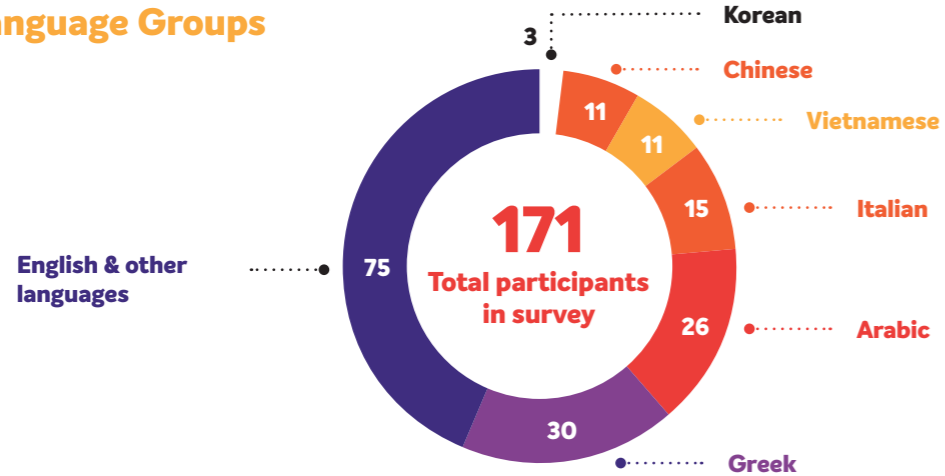
Multicultural Care is delighted to report our overall satisfaction rating of services remain steady with 87% of consumers rating services as excellent or good.

The graphs indicate the survey responses representing Multicultural Care's service levels achieved across a range of clients from different language groups accessing our services.

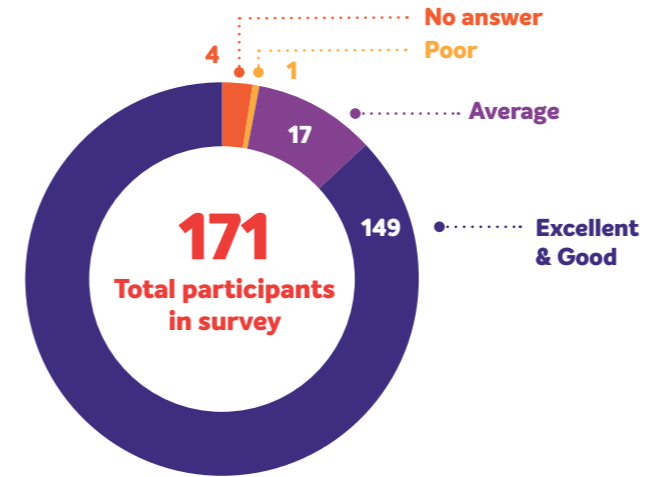
For clients who completed the survey in a different language the largest response was received in Greek followed by Arabic, Italian, Vietnamese & Chinese reflecting a change in pattern from last years' survey where the second largest response rate was by the Italian client community.

We were pleased with the responses of average or poor which decreased by 1%, all of which were due to changes in rostering.

Main Language Groups



Service Quality



Service Recommendation



“We are very happy with the service. The social interaction with others and the nature of the carers is outstanding”

Arabic HCP & Day Care Client

“Very pleased with the services”

CHSP Client

“Excellent service. Thank you very much”

HCP Client

“The service I am getting now is excellent and I can recommend it to anyone in need or not in need without measure”

Arabic HCP Client



Disability Services

Disability Services

People from multicultural communities with a disability, their families and carers face a number of barriers in accessing information, support & services.

The barriers impact on service access, support experience, information access, choice and decision making. According to the Australian Bureau of Statistics in Australia there are 1 in 5 people with a disability from culturally & linguistically diverse (CALD) backgrounds and from recent reports provided by the NDIS, statistics show that the NDIS scheme supports just over 2000 participants from CALD backgrounds – way below expected levels. Language barriers & cultural issues are the key reasons for minimal participation.

In February 2017 Multicultural Care became an approved registered NDIS provider for seven (7) supports after successfully passing the Third Party Verification. From July 2017, we will provide much needed assistance to the families of people living with disability from culturally and linguistically diverse backgrounds. Our skilled, bilingual team of care workers will always provide appropriately culturally tailored care services.



Over 4 million Australians have some form of disability that's 1 in 5



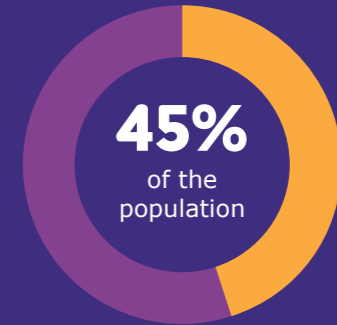
Likelihood of living with a disability increases with age. 2 in 5 people with a disability are 65 years of age



Around 3 in 5 people with disability* needed assistance with at least one activity of daily life

ONLY 4.4% 

of people with a disability in Australia use a wheelchair



will experience a mental health condition during their lifetime



with disability are managers & professionals



who say they work at a 'purpose-driven' company are engaged

One in every four people with disability is a person of either first or second generation Non-English Speaking Background (NESB)



representing approximately 1 million people across Australia.

Multicultural Care is registered for seven support categories:

1-2



Assistance with Personal Activities & Assistance with Personal Activities (Higher Level)

Our team will provide assistance or supervision for personal task of daily life to assist with living independently. These activities include:

- Showering, dressing & grooming
- Personal hygiene
- Going to the toilet
- Moving around the house
- Help with eating

3



Plan management

Help with managing NDIS plan which includes:

- Making payments to providers
- Expense claims processing
- Developing monthly statements
- Claiming payment from NDIA
- This support may include a small component of liaison with providers on the engagement and provision of supports and the implementation of your plan.

4



Development Life Skills

Increases socialising capabilities by assisting with participation in community, social and civic activities.

5



Household Tasks

Enable to maintain home environment and includes:

- Cleaning
- Dishwashing
- Clothes washing and ironing
- Grocery shopping
- Meal preparation
- Light yard work

6



Group/Centre Activities

Aids to avoid experiencing social isolation or loneliness. These activities are a great way to connect with people of similar backgrounds and circumstances.

7



Participate Community

Incorporates training and development activities for both client and carer to increase the ability to live as autonomously as possible.



Horticulture Project

In June 2017, Multicultural Care was one of 24 successful providers to receive funding for our innovative horticulture project better known as Diversity Gardens in the first round of the Information, Linkages and Capacity Building (ILC) Grants – National Readiness 2016-17.

This project aims to link people with intellectual disability from culturally diverse backgrounds to their communities. Through partnerships with schools, businesses, support providers, local councils people from multicultural communities will have access to plots across various areas when participating in gardening tasks where they will be able to experience a sense of accomplishment, productivity & social inclusion.

An experience horticulturist will lead the way in developing fun and hands-on activities during the weekly meet ups.

Diversity Gardens will be found throughout the Inner West, South West & South East Sydney from end of 2017.

Financial statements

For the year ended
30 June 2017



Treasurers' Report



Dr George Margelis

Treasurer

As Treasurer of Multicultural Care (MC), I am pleased to comment on financial performance for the past financial year. The final accounts have been externally audited by an independent accounting firm, Meagher Howard & Wright. This external audit is a very important aspect of governance undertaken by the Board in accordance with the organisation's constitution and policies. An operating surplus of \$611,450 was achieved for the year, a significant increase from last year's surplus of \$132,568 with a requisite growth in our total income. The achievement of responsible financial surpluses is essential to ensure continuing, quality services to the multicultural community now, and in the future. The appointment of an internal financial controller has been very beneficial to the financial management of the organisation and I take this opportunity to thank Rohan WijeSinghe for his work.

As we enter a new era of aged care funding through Consumer Directed Funding, MC is implementing the required changes to our operations, including our financial systems to ensure we succeed in the future.

This includes updating our record systems and employing new technology to enable us to deliver high quality services whilst managing our costs. The appointment of a full time marketing and business development manager is a great step in the ongoing commercialisation of the organisation.

Multicultural Care continues to grow. Recent strategic planning has identified the need for continued investment to ensure the organisation has the right partnerships, structure and capacity to continue growing services and meet increasing compliance requirements. We will also need to ensure that our financial systems and IT infrastructure are capable of serving a larger organisation. Fortunately, prudent financial management in the past has given us a strong base from which to make these investments in the future.

Finally, thank you to my fellow members of the Board for their contribution and support, to Rosy Walia for her commitment and leadership as CEO, and to all the staff for the wonderful and important care they provide to all our clients.

George Margelis

Committee's report

For the year ended 30 June 2017

Your board members submit the financial report of Multicultural Care for the financial year ended 30 June 2017.

Board members

The names of the board members throughout the year and at the date of this report are:

- Jack Passaris
- Marta Terracciano
- Dr George Margelis
- Emanuel Valageorgiou
- James Eftekhari
- Michael Hawatt

Principal activities

The principal activity of the company during the financial year is:

To provide services to frail-aged and people with a disability and their carers who are from culturally and linguistically diverse backgrounds and live in the Inner West, South East and South West Sydney area

Significant changes

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

Operating result

The profit of the Company for the financial year amounted to \$611,451. Signed in accordance with a resolution of the members of the board:

Jack Passaris – Chair

Dr George Margelis – Treasurer

Dated 16 October 2017

Income statement

For the year ended 30 June 2017

	2017	2016
	\$	\$
Income		
Interest Income	51,203	30,565
Federal Grant & Subsidy Income	2,847,411	2,546,094
Other Grant Income	5,500	100
Client Contributions	419,908	423,396
Other Income	53,198	88,396
Insurance Refund on Vehicle	-	11,486
	3,377,220	3,100,037
Expenses		
Admin/Program Expenses	451,359	542,707
Employment Expenses	2,303,077	2,403,699
Home Care Expenses	5,333	5,353
Other Expenses	-	9,709
Transfer CDC	6,000	6,000
	2,765,769	2,967,469
Net Surplus	611,451	132,568
Retained earnings at the beginning of the financial year	2,047,347	1,914,779
Retained earnings at the end of the financial year	2,658,798	2,047,347

Balance sheet

For the year ended 30 June 2017

	Note	2017	2017
		\$	\$
Current assets			
Cash and Cash Equivalents	3	3,667,068	2,451,070
Trade and Other Receivables	4	11,074	16,064
Other Current Assets	5	16,263	60,730
Total current assets		3,694,405	2,527,865
Non-current assets			
Property, plant and equipment	6	714,131	749,701
Total non-current assets		714,131	749,701
Total assets		4,408,537	3,277,566
Current liabilities			
Grants & Subsidies in Advance		797,584	227,413
CDC Liabilities		184,195	222,983
Trade and Other Payables	7	170,363	191,989
Provisions	8	190,406	164,810
Other Current Liabilities	9	32,574	41,981
Total current liabilities		1,375,122	849,176
Non-current liabilities			
Provisions	8	78,867	85,293
Total non-current liabilities		78,867	85,293
Total liabilities		1,453,989	934,469
Net assets		2,954,548	2,343,097
Members' funds			
Assets revaluation reserve		295,750	295,750
Retained earnings		2,658,798	2,047,347
Total members' funds		2,954,548	2,343,097

Cash flow statement

For the year ended 30 June 2017

	2017	2016
Cash flows from operating activities		
Receipts from customers	4,247,705	3,131,133
Payments to suppliers and employees	(3,034,402)	(3,452,934)
Interest received	51,203	52,157
Net cash provided by (used in) operating activities	<u>1,215,999</u>	<u>(269,644)</u>
Cash flows from investing activities		
Payments for property, plant and equipment	-	(100,242)
Net cash provided by (used in) investing activities	<u>-</u>	<u>(100,242)</u>
Net increase/(decrease) in cash held	1,215,999	(369,886)
Cash at beginning of financial year	2,451,070	2,820,956
Cash at end of financial year	<u>3,667,069</u>	<u>2,451,070</u>

Notes to the financial statements

For the year ended 30 June 2017

The financial statements cover Multicultural Care as an individual entity. Multicultural Care was a not-for-profit association incorporated in New South Wales under the Associations Incorporation Act 2009 until April 2017 when the entity transferred to a Company Limited by Guarantee and reporting under the *Australian Charities and Not-for-profits Commission Act 2012* 'the Act')

The principal activity of the association for the year ended 30 June 2017 is: to provide services to frail-aged and people with a disability and their carers who are from culturally and linguistically diverse backgrounds and live in the Inner West, South East and South West Sydney area

Comparatives are consistent with prior years, unless otherwise stated.

1. Basis of preparation

In the opinion of the Board of Management, the company is not a reporting entity since there are unlikely to exist users of the financial statements who are not able to command the preparation of reports tailored so as to satisfy specifically all of their information needs. These special purpose financial statements have been prepared to meet the reporting requirements of the Act.

The financial statements have been prepared in accordance with the recognition and measurement requirements of the Australian Accounting Standards and Accounting Interpretations, and the disclosure requirements of AASB 101 Presentation of Financial Statements, AASB 107 Statement of Cash Flows, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors and AASB 1054 Australian Additional Disclosures.

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

The financial statements have been prepared on an accruals 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 following significant accounting policies, which are consistent with the previous period unless stated otherwise, have been adopted in the preparation of this financial report.

2. Summary of significant accounting policies

Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Interest revenue

Interest is recognised using the effective interest method.

Goods and services tax (GST)

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

Notes to the financial statements

For the year ended 30 June 2017

Receivables and payables are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the balance sheet.

Cash and cash equivalents

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

Property, plant and equipment

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

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

Employee benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Impairment of non-financial assets

At the end of each reporting period, the Company determines whether there is an evidence of an impairment indicator for non financial assets.

Where this indicator exists and regardless for goodwill, indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the assets is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss, except for goodwill.

Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

	2017	2016
	\$	\$
3 Cash and cash equivalents		
Westpac Solution Cheque	63,445	7,519
Westpac – Debit Card	9,399	30,651
Westpac – Cash Reserve	1,393,387	1,268,504
Petty Cash-Office	350	350
Petty Cash-Day Care	750	750
Undeposited Funds	–	332
Electronic Clearing Account	1,302	(1,725)
Term Deposits	2,198,436	1,144,689
	<u>3,667,068</u>	<u>2,451,070</u>
4 Trade and other receivables		
Current		
Contribution Receivable	11,074	16,064
	<u>11,074</u>	<u>16,064</u>
5 Other assets		
Current		
Accrued Income	–	36,740
Accrued Interest	–	8,359
Bond Rental Property	8,250	8,250
Tax Credit	5,054	5,054
Prepayments	2,959	2,327
	<u>16,263</u>	<u>60,730</u>

Notes to the financial statements

For the year ended 30 June 2017

	2017 \$	2016 \$
6 Property, plant and equipment		
Buildings		
Land Value – 32 South pde	325,000	325,000
Buildings at Cost	337,500	337,500
Buildings Accum Dep	(106,199)	(96,073)
	556,301	566,427
Property improvements		
Building Improvement	143,073	143,073
Building Improve Depreciation	(59,175)	(50,776)
Building Improvements 532 Cant	13,075	13,075
Build Improve Cant Road Dep	(2,000)	(1,000)
	94,973	104,371
Plant and equipment		
Computers at Cost	10,999	10,999
Computers Accum Dep	(10,999)	(10,999)
	-	-
Motor vehicles		
Motor Vehicles	38,872	44,852
Furniture and fittings		
P&E,Furniture&Fixtures at Cost	120,889	120,889
P&E, F&F Accum Dep	(96,904)	(86,838)
	23,985	34,051
Total property, plant and equipment	714,131	749,701

	2017 \$	2016 \$
7 Trade and other payables		
Current		
Sundry Creditors	104,293	197,393
GST Liabilities	66,070	1,128
	170,363	191,989
8 Provisions		
Current		
Annual Leave	190,406	164,810
	190,406	164,810
Non-current		
Long Service Leave	78,867	85,293
	78,867	85,293
9 Other liabilities		
Current		
Accrued Super	-	4,472
Accrued Workers Comp	-	2,061
Payroll Liabilities	32,574	35,448
	32,574	41,981

Notes to the financial statements

For the year ended 30 June 2017

10 Change of entity registration status

Multicultural Care changed its incorporated status during the financial year. In April 2017 the entity changed from an Incorporated Association registered in NSW under the Associations Incorporations Act 2009 to be incorporated under the Corporations Act 2001 as a Company Limited by Guarantee.

The company still reports under the Australian Charities and Not-for-profits Commission Act 2012. The ABN of the entity transferred to the company structure.

The accounts reflect the whole twelve month of operation of the entity and the comparisons for the prior reflect the position when the entity was an Incorporated Association.

11 Events occurring after the reporting date

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

12 Statutory information

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

Multicultural Care
Suite 30, 532 Canterbury Road
Campsie 2194

The board has determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 2 to the financial statements.

In the opinion of the board the financial report:

1. Presents fairly the financial position of Multicultural Care as at 30 June 2017 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Multicultural Care will be able to pay its debts as and when they fall due.

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



Jack Passaris – Chair



Dr George Margelis – Treasurer

Dated 16 October 2017



MEAGHER, HOWARD & WRIGHT
CERTIFIED PRACTISING ACCOUNTANTS
ABN 42 664 097 441

PARTNERS
K.J. WRIGHT J.P. M.COMM. F.C.P.A.
G. MIDDLETON B.COMM. ACA

FINANCIAL PLANNING
MARK MAYCOCK J.P.

ASSOCIATE
L.J. HOWARD O.A.M. J.P. B Ec. F.C.P.A.

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Independent Auditor's Report To the Members of Multicultural Care

Opinion

We have audited the financial report of Multicultural Care, ("the Entity"), which comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors.

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

- a) giving a true and fair view of the Entity's financial position as at 30 June 2017 and of its financial performance and cash flows for the year then ended; and
- b) complying with Australian Accounting Standards to the extent described in Note 1 and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

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 Entity in accordance with the auditor independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* ("the Code") that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the directors, would be in the same terms if given as at the time of this auditor's report.

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

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the financial reporting responsibilities under the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and the Directors for the Financial Report

Management is responsible for the preparation of the special purpose financial report that gives a true and fair view in accordance with the relevant Australian Accounting Standards in accordance with the *Australian Charities and Not-for Profits Commission Regulations 2013* and the *Australian Charities and Not-for-profits*

Commission Act 2012 and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the special purpose financial report, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intend to liquidate the Entity or to cease operations, or have no realistic alternative but to do so.

The directors are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

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

As part of an audit in accordance with 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of the management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity'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 Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with 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.

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

Meagher Howard & Wright
CPA

Suite 505, 55 Grafton Street
Bondi Junction NSW 2022



Greg Middleton ICA ANZ - 24953
Partner

16 October 2017
Date

Multicultural Care

ABN: 77 985 958 011

Statement by members of committee

The board has determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 2 to the financial statements.

In the opinion of the board the financial report:

1. Presents fairly the financial position of Multicultural Care as at 30 June 2017 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Multicultural Care will be able to pay its debts as and when they fall due.

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



Jack Passaris - Chair



Dr George Margelis - Treasurer

Dated 16 October 2017

Multicultural Care

ABN: 77 985 958 011

Certificate by members of committee

Annual statements give true and fair view of the financial position of company.

We, being the members of the Board of the Multicultural Care, certify that -

The statements attached to this certificate give a true and fair view of the financial performance and position of Multicultural Care during and at the end of the financial year of the company ending on 30 June 2017.



Jack Passaris - Chair



Dr George Margelis - Treasurer

Dated 16 October 2017

Acknowledgements

Acknowledgement to funders



Australian Government
Department of Health



Australian Government
Department of Human Services

Contact



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