



30 YEARS OF CULTURAL CARE AND CONNECTION

Multicultural Care in 2020–21

Plus, flip over for a special supplement
celebrating our 30th anniversary



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About Multicultural Care

Multicultural Care is a not-for-profit organisation specialised in providing in-home care services to people from culturally and linguistically diverse (CALD) backgrounds living across many regions of Sydney.

We are funded by the NSW and Federal Governments to deliver care services to older people and, through the National Disability Insurance Scheme (NDIS), to people of all ages who live with disability.

Our 100 per cent person-focused approach helps clients continue to live in their own homes—the way they want to—for the longest possible period of time. We believe the ability to live independently, with appropriate support, is a vital factor in people's wellbeing and fulfilment—even more so for people who may face additional life challenges due to language and cultural differences.

Multicultural Care understands the importance of great staff. We carefully select and train our team members to provide clients with the most optimal care. Each staff member embodies and delivers on our organisational values of customer focus, inclusiveness, fairness, integrity, accountability, innovation, collaboration and equality. We are committed to matching each client, where possible, with a member of staff who not only has a rich understanding of their cultural heritage, but also fluency in their native tongue—to be a dedicated partner in care.

Our Aged Care Services

- › Home Care Packages
- › Commonwealth Home Support Programme, including Respite
- › Community Visitors Scheme
- › Short-Term Restorative Care
- › Veterans' Home Care
- › Private Care Services

Our services to Sydney Local Health District patients

- › Personal care
- › Domestic assistance
- › Flexible respite
- › Assisted transport

Our Disability Care Services

- › Assistance with personal activities
- › Life skills development and training
- › Group centre activities
- › Community participation
- › Household tasks
- › NDIS plan management

Our Social Inclusion and Wellbeing Programs

- › Art Therapy
- › Weavers Program



Our year at a glance



1,353

individual clients assisted



68,578

service hours delivered



100

staff members employed

JULY 2020

- Began implementing the Australian Community Care Outcome Measurement (ACCOM) Tool to measure and improve clients' health and wellbeing outcomes
- Started bringing in our new Customer Relationship Management (CRM) system
- Issued winter edition of the Multicultural Care Newsletter
- Conducted a COVID-19 check-in survey of our staff

SEPTEMBER 2020

- Held focus group research sessions with Disability Services and Home Care Package clients
- Started collecting ACCOM project data from staff and clients
- Registered as a COVID-Safe business
- Participated in mock audit conducted by Aged and Community Services Australia (ACSA) to provide us with recommendations on quality improvements

AUGUST 2020

- Completed palliative care training project through End of Life Direction for Aged Care (ELDAC)
- Resumed Art Therapy sessions following easing of COVID restrictions
- Welcomed staff back to our Campsie office for the first time since the Sydney COVID 'lockdown'
- Celebrated Aged Care Employee Day (in a COVID-safe way)

OCTOBER 2020

- Recognised as Finalists for Health Improvement Services at the Canterbury Bankstown Local Business Awards gala presentation
- Held Corporate Orientation Program for our new staff, including Bankstown TAFE graduates recruited during their final semester studying community services
- Restarted our Centre-Based Day Respite Service after a six-month shutdown due to COVID-19
- Launched our new Culture Statement internally, following four months of development
- Held first meeting of Clinical Care Committee, providing leadership, support, insight and best practice methodology in improving the safety and quality of care of clients with clinical care needs

NOVEMBER 2020

- › Conducted our Annual Client Satisfaction Survey
- › Started our Multicultural Care Leadership Workshops
- › Held our 29th Annual General Meeting (AGM), with new chair Emanuel Valageorgiou elected

JANUARY 2021

- › Completed the Commonwealth Home Support Programme (CHSP) Census of Aged Care Workforce providers
- › Finalised transitioning pre-2015 'grandfathered' clients to the My Aged Care system

MARCH 2021

- › Attended the NSW Premier's Harmony Dinner at International Convention Centre Sydney
- › Submitted our final application in the Aged Care Approvals Round 2020
- › Issued autumn edition of the Multicultural Care Newsletter

MAY 2021

- › SBS Insight Episode 11, 'Caring for Ageing Parents' aired, featuring a multi-generational Multicultural Care client family
- › Pledged our commitment to the Aged Care Voluntary Industry Code of Practice



17

staff recognised for their 5, 10 and 15 years of service



Welcomed our new board chair, Emanuel Valageorgiou



\$8,908,769

annual revenue reported

DECEMBER 2020

- › Held our Annual Staff Recognition Dinner, acknowledging outgoing chair Jack Passaris and recognising Bilingual Support Staff (BSS) for their 5, 10 or 15 years of service
- › Launched our new Customer Relationship Management system

FEBRUARY 2021

- › Mapped Continuous Improvement processes to support individual staff roles in service delivery
- › NDIS launched Worker Screening Check: a new risk assessment checking system (conducted by Service NSW in this state) that provides a valid, nationally consistent clearance for people who work, or seek to work with people with disability, and assists prospective employers

APRIL 2021

- › Cheered when one of our NDIS clients, Danielle Pham, finished 9th in the world in her adaptive division at the Crossfit Open Games
- › Succeeded in our tender for the CHSP Growth Funding Round, enabling our services to extend to northern Sydney

JUNE 2021

- › Celebrated cultural diversity through music, dance and art at our Mosaic Festival, enjoyed by 200 clients and community members at Club Burwood RSL
- › Finished developing the Multicultural Care 2021–23 Strategic Plan
- › Attended an employer expo promoting the benefits of working in the aged and disability care sector

OUR VISION

Our vision is to provide culturally sensitive and exceptional, empowering home care so people can live life to the full and we deliver peace of mind to their families and carers.

OUR PURPOSE

- › Multicultural Care provides a range of culturally specific direct care services to individuals from a range of diverse backgrounds.
- › We make time to get to know you, and create care plans that are fit for your cultural, spiritual, physical, emotional and social needs and goals.
- › We work in partnership with you, your family, your community and healthcare professionals.
- › We invest in our people to bring you skilled care professionals you can have confidence in.
- › We ensure we operate a sustainable business that optimises our people and our physical and financial resources effectively and efficiently.

OUR VALUES

› **People focus**

A caring service starts with caring people, therefore we strive to select, develop and support the highest quality care professionals.

› **Customer focus and innovation**

We continually strive to match our services to the evolving needs of our consumers and the community.

› **Inclusiveness**

We inclusively care for and show kindness for all our diverse community. We encourage the sharing of different perspectives and ideas. We seek to meet the needs of all people through Multicultural Care or partnering with another organisation.

› **Integrity**

Our clients, consumers, 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 also 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.

› **Collaboration**

We work collaboratively with a broad network of stakeholders and partners to deepen our connections and strengthen our social impacts.



Chair's message



On behalf of the Board, it is my pleasure to present Multicultural Care's 30th Annual Report—our special anniversary edition! We celebrate this achievement with another successful year for our organisation, even during the COVID-19 'once in a lifetime' pandemic.

We are proud to have continued to provide customer-focused and industry-recognised in-home care services for our clients—1,353 people this year—from diverse communities across the inner-west, south-east and south-west suburbs of Sydney, with expanding services into northern and western Sydney.

Our clients come from all corners of the globe and speak more than 42 different languages from Arabic, Cantonese, Greek, Hindi, Hungarian and Italian to Korean, Mandarin, Punjabi, Serbian, Tagalog and Vietnamese. Similarly, almost all (92%) of our 100 staff are bilingual, with some speaking up to five languages in addition to English.

Staffing remains a challenge for the care services sector. Given our focus on serving people whose primary language is not English, this challenge is amplified for Multicultural Care. However, we are hopeful the federal government's recent commitment to invest in a trained and qualified workforce (in response to the Aged Care Royal Commission) will pay dividends. And, when Australia's borders reopen to the world, our pool of potential staff will expand. Our firm focus on being an 'employer of choice' will also be an advantage in attracting great people. Where possible, we are seeking to employ more people on a permanent rather than a casual basis, which provides advantages for them, for us, and for our clients—seeing the same familiar face each visit and building relationships with care staff is something we know our clients value.

Looking ahead, Multicultural Care is also keen to connect more effectively with various community organisations serving emerging ethnic groups: to ensure their members know about the help we can provide, and the employment opportunities we

offer. We are also open to exploring joint ventures with like-minded organisations to grow our services and do more to assist more people.

In enabling us to grow and prosper, we also acknowledge our funding bodies: the Australian Government Departments of Health, Human Services, Veterans' Affairs, and Social Services; the NSW Department of Communities & Justice; and the National Disability Insurance Agency.

I thank my fellow Board members for the contribution and support they have provided this year as we navigated the challenges of COVID-19 and set a new strategic direction for the organisation. I would also like to recognise and thank our former Chair, Jack Passaris OAM, for his significant contribution to Multicultural Care for nearly two decades. Jack and I were serving on the Ethnic Communities' Council of NSW when he encouraged me to join Multicultural Care back in 2007. Having retired from my corporate career, I was keen to dedicate my time and efforts to multicultural issues, aged and disability care, and Multicultural Care enables me to help make a difference across a wide spectrum.

I thank our CEO Dr Rosy Walia for her leadership, and all our staff at Multicultural Care for their dedication in ensuring we provide outstanding care to our clients.

A handwritten signature in blue ink, reading 'E. Valageorgiou'.

Emanuel Valageorgiou
Chair, Multicultural Care board

CEO's report

I'm excited to be celebrating our 30-year anniversary this year—such a wonderful and important milestone for our organisation!

In the past 14 years as CEO I have had the privilege of seeing our organisation develop in so many ways. We have grown our focus from not only empowering the independence of the elderly, but also to strengthening and supporting people with disability— so they too can live the lives they want. It's an honour to have witnessed the positive impact we have made for our culturally diverse community.

Culture is at the heart of all communities, and we are proud to provide care services that also maintain our clients' connection to their culture. This holistic approach to the delivery of services brings about, in our opinion, the best wellbeing outcomes.

From exploring how to work more flexibly to updating our systems—so much has been happening this year to ensure Multicultural Care is in the best position to rise to challenges ahead, and to continue to manage our response to the community uncertainty and worry brought about by the COVID-19 pandemic.

Building on our early learnings from the start of the outbreak, we continued to ensure the safety of staff, volunteers, consumers, participants and their families, while providing continuity of care to enable clients to maintain their independence at home during the pandemic. Up to August 2020, the Department of Health provided us with temporary additional daily funding to help us maintain our Home Care Package services. Only our Art Therapy workshops and Centre-Based Day Respite Services were adversely affected (due to restrictions on gatherings from March 2020), but resumed in August and October 2020 respectively.



Although COVID once again prevented us running our annual Harmony Week event in March 2021, we were delighted to run it in June when the situation was more favourable and client confidence to attend events was higher (more clients and staff had started to receive their first vaccinations). Our Mosaic Festival was a great success, with more than two hundred clients and community members coming together in a celebration of cultural diversity through music, dance and art (read more in this report).

Measuring and improving client satisfaction

Tracking and demonstrating the impact of our care programs is an essential component of quality monitoring and helps us improve processes and services to ensure they are in line with what consumers want and need. This year we undertook and implemented a number of key initiatives on this front.

New Client Relationship Management System

Following a six-month implementation process, including 400 hours of hard work by our office team, our new Client Relationship Management System (CRM) was launched on 7 December 2020. It is designed to streamline our processes, provide up-to-date information in real-time and improve staff interactions and communication with clients. The all-in-one home care software solution features a platform for office staff, a mobile app for our Bilingual Support Staff and a family portal for clients and their families.

Australian Community Care Outcome Measurement Tool

In line with our commitment to Consumer Directed Care (CDC), in October 2020 we began using the Australian Community Care Outcome Measurement Tool as a pilot program. ACCOM is a robust system that enables us to monitor, measure and compare clients' care goals with the actual outcomes they receive. Individual clients and their case managers or key service workers separately answer questions, with both perspectives pooled to ensure in-home aged care service delivery is on par with consumer needs and expectations. The results will enable staff to have more informed conversations with clients about how best to meet and manage their care needs, to co-produce care plans and to be flexible to their needs.

Client satisfaction survey

Each year we survey our clients about their satisfaction with Multicultural Care's services. It's pleasing to know our clients continue to rate our performance highly: 84 per cent rated our services as being 'excellent' or 'good' (86% last year), 8 per cent as 'average' and 2 per cent as 'poor' (6% did not specify). A pleasing two-thirds (64%) of clients also stated that they are 'extremely likely' to recommend Multicultural Care to others.

Client focus groups

We conducted several focus group discussions in September and October 2020 to directly hear from our National Disability Insurance Scheme (NDIS) and Home Care Package (HCP) clients about their experience of our services. The sessions were positive and very informative in helping us to better meet clients' needs, including feedback from HCP clients on improving our communication, rostering, invoicing and statements. We trust our new CRM system will help our performance in these areas, and we have invited clients to be part of a consultation to customise the portal to their needs. Our NDIS participants also shared ideas on new supports they would like to access, such as going to the gym, and we are looking into making this happen.

Most Significant Change research project

Carers and carer mentors who participate in Multicultural Care's Weavers Program took part in an innovative research project to gather deeper understandings of how carers are impacted and changed by our project, while also empowering them and building confidence by sharing their stories with others. An initiative of the NSW Department of Communities and Justice (DCJ) Carer Investment Program (CIP), the project was led by researchers from the University of Technology Sydney Centre for Carers Research, who guided our Mandarin-speaking participants through a two-hour workshop at our Campsie offices in March.

Local Business Awards

In a broader indicator of client and community satisfaction, this year Multicultural Care was once again nominated as a Finalist in the Health Improvement Services category of the Canterbury-Bankstown Local Business Awards. This is a testament to the combined hard work of all our staff, and I commend them for their dedicated efforts.

More government funding of our services

Following productive funding discussions with the Department of Health, Multicultural Care expanded its Commonwealth Home Support Program (CHSP) transport services to Sydney's south west and inner west regions, helping to meet client demand.

We also successfully tendered for the CHSP Growth Funding Round, which means our CHSP services will extend to people living in northern Sydney for the first time, from next year.

Our support staff will also be able to more than triple the number of Short-Term Restorative Care clients they visit on any one day, due to our successful Department of Health tender. This will start in the new financial year once we have the required staff on board.

Our Carer Investment Program (CIP) funding from the NSW Department of Communities and Justice (DJC) was extended for our Weavers Program, which provides support to carers (read more in this report).

Our Community Resilience funding from the Department of Social Services was also extended for 2021–22, enabling us to continue offering our popular Art Therapy program (read more in this report).

Navigating the aged care system can be complex and confusing for consumers and their families, particularly people from culturally and linguistically diverse backgrounds. We are therefore very pleased to have been appointed as a south western Sydney partner in the EnCOMPASS: Multicultural Aged Care Connector program, run by the Federation of Ethnic Communities Councils of Australia (FECCA) and funded by the Department of Health. The program funds a specialist support worker or ‘connector’ to help seniors understand the supports available to them and access appropriate aged care services.

Royal Commissions into Aged Care and People with a Disability

The much-anticipated Final Report of the Royal Commission into Aged Care Quality and Safety: Care, Dignity and Respect, was released on 1 March 2021 (see agedcare.royalcommission.gov.au).

The Commissioners’ findings—and 148 recommendations—resonated deeply with us all at Multicultural Care. We whole-heartedly support their vision for an aged care system that will “deliver an entitlement to high care and support for older people, and to ensure that they receive it. The care and support must be safe and timely and must assist older people to live an active, self-determined and meaningful life in a safe and caring environment that allows for dignified living in old age.”

The Report drew attention to systemic barriers hampering people’s access to home-based care—highlighting what we already know as service provider, and what our clients tell us of their experiences on their journey to reach us.

For example:

- Most older people want to remain living independently at home, yet often wait too long to get access to care at home.
- Without access to home care services that meet their assessed needs, people face risks of declining function, preventable hospitalisation, carer burnout, premature entry to residential aged care, and even death.
- Too often, older people and their informal carers do not receive quality respite care when they need it.
- Many people who come from diverse backgrounds and have had varied life experiences have problems accessing aged care services that meet their particular needs. This includes people from culturally and linguistically diverse backgrounds.
- Older people with disability do not have equitable access to disability services.
- Some younger people with disability enter residential aged care because they do not have access to the level of disability services they need.

We also welcomed the Federal Government’s official response—which it labelled a “once in a generation reform of aged care”—and the accompanying Federal Budget on 11 May 2021, which allocated \$17.7 billion to overhaul the aged care system over the next five years.

With our focus on providing in-home care, we are particularly pleased by the government’s commitments to:

- fund an additional 80,000 Home Care Packages over the next two years to remove waiting lists
- a guarantee that older people will receive care within 30 days of registering with My Aged Care
- a new single Support at Home system
- investments in a trained and qualified workforce.

I was encouraged by the fact Multicultural Care had already been investing in and implementing new, improved ways to measure, monitor and evaluate client outcomes (as I mentioned earlier), which the Report highlighted as key to ensuring people can make informed choices when selecting their in-home care provider, and have their say about the services provided to them.

Given Multicultural Care's work to support people with disability, we are also taking a keen interest in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, established in April 2019. Due to COVID, the Commission will now deliver a final report to the Australian Government by 29 September 2023.

Our voice in consultations, collaborations and presentations

Service Australia Aged Care Provider Engagement Group

Multicultural Care now has a seat at the table with representatives of the Department of Human Services (DHS), the Department of Health (Health) and the Department of Veterans' Affairs (DVA) in relation to aged care. In December 2020 I joined the Service Australia Aged Care Provider Engagement Group, which meets quarterly to enable the aged care industry to engage with government to workshop, influence, suggest and collaborate on: aged care policy, provider education, pain points for the sector and anticipated future impacts on the aged care industry.

Aged Care Voluntary Industry Code of Practice

In May 2021, Multicultural Care was pleased to pledge its commitment to the Aged Care Voluntary Industry Code of Practice. Developed by the Aged Care Workforce Industry Council (ACWIC) through extensive consultation, the Code is a first for the industry, a single code for all aged care organisations, workers and consumers. It clearly outlines seven principles to demonstrate to consumers that they are committed, accountable and dedicated to improvement. A copy of the Code is available at acwic.com.au.

In-home aged care reforms consultation

The Australian Government is working towards a single in-home care program to replace the Commonwealth Home Support Programme (CHSP) and the Home Care Packages (HCP) Program. The new program is intended to deliver a seamless system of care, tailoring services to the needs of older people and their informal carers living at home and in the community.

In June I was pleased to be interviewed as part of a study for the Department of Health to provide Multicultural Care's perspective and discuss how a new in-home care program might affect us and the people we assist, both in the design of the program and the implementation and transition to a new program.

Consultation on sector impact of the Royal Commission

In June, Multicultural Care took part in a roundtable stakeholder consultation on the impact of the Final Report of the Royal Commission into Aged Care Quality and Safety. It was one of several sessions around Australia run by the Federation of Ethnic Communities' Councils of Australia (FECCA) to provide input into its response and policy advocacy initiatives.

Training on culturally responsive end-of-life care

NSW Health sought our assistance to develop internal staff training about end-of-life and palliative care for people from culturally and linguistically diverse communities.

Multicultural Care's client services manager Stephen Lowe participated in the Health Education & Training Institute's Subject Matter Expert group to contribute to the content of a new education unit about culturally responsive end-of-life care. He highlighted the importance of cultural awareness to provide a high standard of care for clients and families from diverse backgrounds, and the challenges faced by the industry to provide culturally sensitive care.

Conferences and summits

Multicultural Care continues to inform the aged care and disability services sector about the needs of people from diverse communities. It was my pleasure to present at the following events this year:

- **COTA & ACSA Aged Care Reform Conference**, 25–26 November 2020, speaking on ‘Driving innovation and transformation to meet consumer demand in home care’ (Council On The Ageing; Aged and Community Services Australia)
- **Inner West Disability Forum**, 10 June 2021, speaking on ‘The Role of the National Disability Services State Committee’ (IWDF is a network of members who work in the disability sector in the inner west suburbs of Sydney; NDS is the peak body for non-government disability services)

Planning ahead

The Multicultural Care Strategic Plan for 2021–2023 was developed this year with the assistance of an external consultant. Our plan was formed on input from all sections of the organisation and client feedback through focus groups and our annual survey, and has taken into account the key drivers, considerations and changes within the sector.

The plan is guided by our vision: to provide culturally sensitive and exceptional, empowering home care so people can live life to the full and we deliver peace of mind to their families and carers.

It covers 27 strategies in seven key focus areas:

1. Services
2. Consumers, participants, clients and families/carers
3. Stakeholder engagement
4. Our people and culture
5. Innovative practices
6. Technology
7. Governance.

We are confident this roadmap for the next three years will ensure Multicultural Care is well positioned for the future, including taking advantage of the significant changes ahead for the sector following the Aged Care Royal Commission.

Thanks

I wish to recognise our dedicated Multicultural Care team, and especially our frontline workers, who continued to provide care of the highest quality to our clients throughout the year, despite the restrictions and disruptions caused by the COVID-19 pandemic.

I also extend my gratitude to the Multicultural Care Board for their ongoing dedication and support.

After a combined 15 years of service as our Chair (2003, 2007–2020), Jack Passaris OAM stepped down from the position at our annual general meeting on 14 December 2020; he continues to provide his great leadership and insights as a Board Director.

On behalf of our staff and stakeholders, I warmly welcome our new Chair, Emanuel Valageorgiou, who has been on the Board since 2007. His biography appears elsewhere in this report.

Finally, my sincerest thanks to our clients and their families for entrusting us with their care. We look forward to continuing to provide you with the professional, high quality cultural care and connection for which Multicultural Care is renowned.



Dr Rosy Walia GAICD

Chief Executive Officer, Company Secretary

Commonwealth Home Support Programme

The Commonwealth Home Support Programme (CHSP) aims to assist older Australians by providing entry-level home support services so that their daily living requirements can be met.

Funded by the Australian Government, the programme enables clients to maintain their at-home independence and important connection to the community for as long as possible. It also helps carers of older Australians.

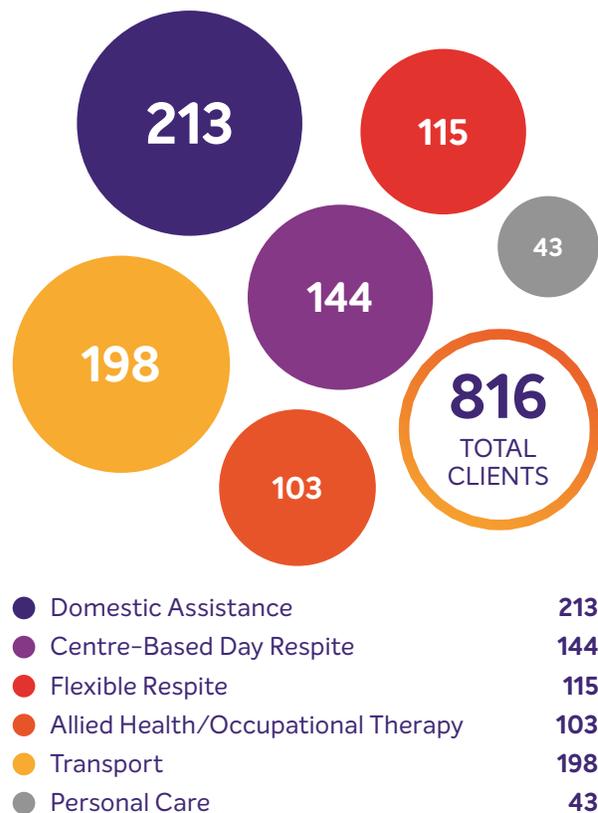
In general, older Australians receive CHSP services when their assistance needs are at a lower level. Programme eligibility is decided by the Regional Assessment Service (RAS). As their care needs become more complex or they require greater levels of support, clients may progress to a Home Care Package (HCP).

The CHSP offers a range of services that clients can stop and start in accordance with their changing needs. Clients only pay for services they use.

**During 2020–21,
Multicultural Care supported
816 CHSP clients.**

Thanks to additional funding from the Department of Health, we were able to significantly expand our CHSP client transport services in Sydney's south west and inner west regions during the year.

Our CHSP client numbers by the primary service provided¹



Looking ahead, next year we will be offering our CHSP services to people living in northern Sydney for the first time; this is due to our successful tender for the CHSP Growth Funding Round.

¹ Approximately 10% of clients receive more than one service

Multicultural Care's CHSP services include:



Domestic assistance with household tasks like cleaning, laundry and ironing



Personal care assistance with showering, bathing, dressing, haircare and going to the toilet



Allied health support services such as occupational therapy



Transport assistance so clients can travel to and from appointments and social events



Respite care to support clients and their carers through in-home, centre-based and community access support

Flexible Respite

Our Flexible Respite service aims to support strong relationships between our clients and their carers. The service offers carers a chance to have a break while their loved ones are provided with quality care. We offer a variety of supports to suit the specific requirements of our clients and their carers, including traditional in-home day respite services.

We currently offer Flexible Respite services in Sydney's inner west, south west and south east.

Centre-Based Day Respite

Our weekly Centre-Based Day Respite service enables carers to have a much-needed break. At the same time, clients enjoy group activities that provide intellectual stimulation and encourage socialisation. The service aims to reduce the risk of depression and loneliness, while encouraging strong social connections and promoting mental and physical wellbeing.

Clients can also enjoy recreational outings which include transport to and from destinations and healthy meals while out-and-about.

We provide seven language-specific day respite groups in Sydney's south west and inner west for clients who speak Mandarin, Cantonese, Italian, Greek, Arabic, Macedonian or Vietnamese.

Primary language of Day Respite Clients



*We acknowledge that featured flags are not necessarily representative of all countries whose people speak that language.



Staff are trained to manage the specific care needs of our Day Centre clients. They are also selected to meet the language and cultural needs of clients. Read our staff member Nga's story—in the Our People section of this report—about her work with Vietnamese group clients.

Despite a difficult year due to the COVID pandemic and the temporary closure of our Centre-Based Day programs, Multicultural Care continued supporting clients by providing Flexible Respite to reduce the risk of social isolation. Our Bilingual Support Staff spent quality time with clients in their homes playing cards, reading books, playing board games, playing music and or just providing a listening ear to support them during lockdown.

We were delighted to re-open our Day Centres in October 2020 in line with public health guidelines, and organised COVID-safe outings to provide our clients with some much-needed outdoor and foodie adventures.

Outings during this year included:

- › Bicentennial Park
- › Centennial Park
- › Campbelltown Art Centre
- › Carrs Park
- › Georges River National Park
- › Rotary Park
- › Brighton Le Sands
- › Golden Territory Seafood Restaurant

- › Kokoda Track Memorial Walkway
- › Mount Annan Botanic Gardens
- › Japanese Gardens
- › Cumberland State Forest
- › Sydney Olympic Park
- › Cheng Lai Yu Gardens
- › Burek Balkan, to feast on Macedonian pastries
- › Lady Robinson Beach
- › Cronulla Beach
- › Old Quarantine Station
- › Leppington Family Farm
- › Cabramatta to celebrate Lunar New Year

On days when clients were at the Centres, staff kept them entertained and engaged by facilitating activities such as: art therapy, light gentle exercise, bingo, cards and culturally specific activities and games. We also held a Technology Day at Belmore Community Centre, which provided clients with training using their smartphones and tablets.



CLIENT STORY

Dimitri's Story

The first Lebanese migrant to Australia arrived on our shores in 1876, when Lebanon was a province of the Ottoman Empire. By 1947, there were 1,866 Lebanon-born and Syria-born people living in Australia.²

Conflict and general uncertainty in the region prompted a long second wave of Lebanese immigration to Australia from 1947–1975. After World War II, on average 400 Lebanon-born people moved to Australia each year, rising to 800 per year by 1966. With the 1967 Arab–Israeli War, this number increased to 3,000 per year during 1966–1971, dropping to 2,200 per year until 1976. The outbreak of civil war in Lebanon in late 1975 resulted in the third wave of Lebanese migration to Australia.

Dimitri Topouzakis came to Australia as a young man in 1955 to seek his fortune.

Dimitri was born in Beirut, Lebanon, one of five boys and one girl. In time, all of his siblings (apart from one sister) followed suit, migrating one by one to Australian shores in search of a better life. They are some of the more than 78,650 Lebanon-born people who now live in Australia, the majority in NSW.

After learning the real estate profession by working for someone else, Dimitri went on to open and successfully manage his own real estate agency. Today, the business remains in family hands, and is operated by his son and daughter.



Now aged 94, Dimitri lives independently in his first-floor apartment in Sydney. He's proudly among the more than one in five (20.8%) Lebanon-born people in Australia who are aged 65 and over (according to the 2016 Census, the median age of the Lebanon-born was 51 years, older than 44 years for all overseas-born and 38 years for the total Australian population.)

Dimitri only stopped driving last year and maintained his own home until five years ago, when he started receiving cleaning assistance once a week from Multicultural Care through the Commonwealth Home Support Programme.

Cheerful and charming, Dimitri says Multicultural Care staff “clean effectively!”; they are also “very nice”, he adds.

“If you ask my advice on living a long and healthy life, I say: Be nice to people, and they will be nice to you!

“Also, stay active! I enjoyed playing soccer. Don't smoke! I used to, but I stopped. And have a sense of humour! Laugh! Enjoy people!”

² Australian Government Department of Home Affairs, Lebanon-Born Community Information Summary, 2018

Community Visitors Scheme

The Community Visitors Scheme (CVS) is a support program, funded by the Department of Health, that provides regular companionship from paired volunteers who visit to older Australians who are socially isolated or at risk of social isolation and loneliness.

Multicultural Care matches consumers with volunteers based on common social interests and, usually, a similar cultural background. We have trained a dedicated team of volunteers covering a wide range of languages spoken in the local community:

- › Mandarin
- › Cantonese
- › Greek
- › Indonesian
- › Uyghur
- › Turkish
- › Hakka
- › Vietnamese
- › Italian

On average, CVS volunteers made 4 visits per month per client; some visited more than one person

Volunteers visit clients on a weekly basis, either in their home or in their residential aged care home. They may enjoy a friendly chat, share a meal or participate in activities such as going for a walk, playing cards or partaking in culturally specific activities such as the Chinese martial art, Tai Chi, or the Middle Eastern backgammon game, Tawla.

During COVID restrictions on in-person visits, volunteers continued to visit 'virtually' by phone or used video/call services like Skype or Facetime. One dedicated Multicultural Care volunteer has been stuck in Hong Kong since Australia's borders closed, yet has continued to keep up her visits online.



Multicultural Care coordinates on average 50–60 CVS visits every month (sometimes up to 80)



CLIENT STORY

Ania and Janina's Story

CVS volunteer Ania tells how she and 97-year-old Janina discovered a good 'fit' over Polish potato cakes and story-telling.

First visit: So here I am, standing on the front porch of an old Victorian inner west house, feeling slightly nervous. This is my first visit and first ever volunteer job and I have no idea what to expect. I am here with Jessur, my Multicultural Care supervisor, to see if there is a good 'fit' between me and my prospective match.

All I know is that her name is Janina, and she is 97. I also have been told that she is Polish and apparently has 'preferential hearing'. This is not some obscure medical hearing condition, only that she chooses to hear Polish better than English. I guess when you're 97 you are allowed to hear what/how you want.

A young man opens the door. He looks like he has been cleaning: he is holding a vacuum cleaner with one hand and half of his face is obscured by a cotton mask (COVID or dust, I wonder?). He smiles shyly and ushers us into what I guess used to be the formal lounge room with its big bay windows and decorated high ceilings, but now it has been converted to living quarters for Janina.

She sits with her back to the window and looks up expectantly. She looks frail but her eyes have a clear sharp focus. There is kindness there too. All at once my nervousness disappears (really, what was I nervous about?).

We sit down and start talking. I sit on her 'good ear' side and she tells me how much she appreciates me calling in; how her husband died 30 years ago; how she loves this house but cannot afford to maintain it; how all her friends are gone; how she watches old Polish movies all day to entertain herself.

She shows us a photo of her aged 27, the last photo taken before she left Poland. I can see she loves this photo—it's the only photo in the room and it probably reminds her of her happier younger times.



▲ Ania and Janina

I tell her how I would love to come and chat once a week, read her a book, look at photos, whatever she wants.

She asks me about my family, my life. Turns out we are both from Warsaw, only she remembers it so much better than I do. She remembers street names, building, locations. I can hardly remember the name of the suburb I grew up in and I am less than half her age and lived in Warsaw for my first 11 years!

I cannot believe how sharp her mind is. She tells me that she used to be a great cook and misses good Polish food. We agree that she will teach me to cook Polish. I will make whatever she fancies; she will supervise. So that's the next week's visit sorted—I will be making Polish fried potato cakes, her favourite! We leave and Jessur looks relieved. It turns out we are a good 'fit'...and yes, Janina did not hear a word he said to her...in English.

Second visit: This time round I bounce up the front steps. I know what to expect and I am happy to be here. I wonder if Janina will remember that we were planning to make potato pancakes? But the first thing she says to me is: "Let's go to the kitchen and start, I've got everything ready". Wow!

Let me say, I HATE deep frying: the boiling fat, the spitting, the mess. But when someone at 97 years old is craving something, you do not say no. So, I follow Janina's instructions as she tells me how many eggs (2), how much flour (250 grams), how fine to grate the potatoes (medium). I mix it all together, add salt and pepper, fry it all up and Voila! I make my first batch (nine cakes) and put in the middle of the kitchen table.

I watch the sheer joy and pleasure on Janina's face polishing off nine potato cakes in one sitting and it completely compensates for the fact that I am now covered in a film of frying oil. She says she cannot remember the last time she had these, and how lucky she is to have found me.

Once filled to the brim with fried goodness, she starts to reminisce about the past. Over a cup of tea I ask her about her childhood and teenage years. She is that very unlucky generation what grew up during the second World War. She tells me about how at 16 she was away from home when the Warsaw Rising began and she tried desperately to come back home. It took her many days to get back, even swimming across fast flowing rivers, only to be told by her mother to leave again as the city was not safe. She tells me how her parents' apartment got taken from them by the Nazis to make room for the Warsaw Ghetto. How later, during the occupation she trained as a nurse (I had no idea that places of learning were even open).

The stories start to get jumbled and confused with so many years of memories and layers of trauma, but I listen and let her talk until she tires herself out and there is no more.

I gently touch her hand and give a little squeeze. She says again how lucky she feels that she has found me and really hopes that I will come and visit again.

It's getting late, I've been here almost two hours and so start to take my leave. She wants to give me some potatoes to take home, she says: "You know potatoes are full of potassium and good for you, you should eat more". I politely decline (I prefer rice) but in a true Polish fashion there is no way I can leave without taking something. Fresh plums? Apples? Pears? At least take two....

As I leave, I squeeze her hand again and give her a little hug and a peck on her cheek. I remember reading somewhere that elderly people rarely get any physical affection, but they crave it just as much as the rest of us. Tears swell up in her eyes

and she says: "No one has hugged or kissed me in so many years". Now I definitely have to leave as I feel myself getting emotional, "Do Zabacziena—til next time", I shout as I wave goodbye and shut the door.

And yet... shared culture is not essential for a good match



Multicultural Care Carers' Coordinator & Local Connector Jessur Mamut relates the example of a Chinese-speaking background CVS volunteer, Mrs Dai, who is matched with an English-speaking senior lady, Elizabeth.

One of our matches has helped demonstrate that whilst we focus on matching language-specific clients and volunteers, a positive experience is not always determined by shared culture. The opportunity to create cross-cultural matches has yielded positive results.

On face value, Mrs Dai and Elizabeth have little in common: different first language, different cultural background, different age and gender, etc. However, as their relationship has developed, they have recognised shared interests such as sharing their cultural foods, listening to music, shopping, and storytelling. Mrs Dai will often write pages and pages of information about their match at the end of the month to demonstrate the many different things they've done and the new experiences they've shared together.

This match has highlighted that the Community Visitors Scheme is about giving people the opportunity to connect and discover where their commonalities lie.

Home Care Packages

Home Care packages are funded by the Australian Government to provide continued support to older Australians who want to maintain their at-home independence. Packages are designed according to the individual’s needs. Each client is provided with customised care services to maintain their wellbeing, autonomy and links to their community.

Home Care Packages can be accessed by Aboriginal and Torres Strait Islanders aged 50 years and over, older Australians (aged 65 or over) and self-funded retirees (on a cost-for-service basis).

An Aged Care Assessment Team (ACAT) determines the older person’s eligibility for a Home Care Package and the level they can access. Once assessed as eligible, the person and/or their designated family member/s choose an approved service provider—such as Multicultural Care—that they believe best meets their needs.

Once Multicultural Care is on board, clients are introduced to a Case Manager who consults with them to tailor a care plan, suitable staff are assigned, and in-home service delivery begins. Case Managers conduct regular reviews with clients to ensure their support needs continue to be met and if new services need to be incorporated into their clients’ care plans.

As the Aged Care Royal Commission highlighted, this process from applying to receiving care sometimes takes far too long, particularly for people with high care needs. We welcomed the federal government’s commitment in May 2021 to fund an additional 80,000 Home Care Packages over the next two years to remove waiting lists and get people the help they need faster.

Home Care Package Levels

Level 1 – For older people with basic care needs

Level 2 – For older people with low care needs

Level 3 – For older people with intermediate care needs

Level 4 – For older people with high care needs

Our Home Care Package client levels in 2020–21



³ In addition, in-home care was provided to 1 private (self-funded) client during the year

Multicultural Care's Home Care Packages can provide:



Assistance with cleaning and tidying around the house



Assistance with personal care



Support with preparing nutritious meals



Nursing care including wound care, managing skin integrity, continence management and medication management



Social support such as sharing time together over a cup of tea



Access to allied health services including occupational therapy, speech pathology, physiotherapy and podiatry



Access to assistive technology including equipment and devices that help with mobility, communication and other daily tasks



Assistance with home and garden maintenance including modifications such as hand rails and ramps



Assistance with transport to and from appointments or social engagements

From 1 March–31 August 2020, the Department of Health provided Multicultural Care with temporary additional daily funding to help maintain current services during the COVID-19 pandemic.

Our Home Care Package clients speak 9 main languages other than English



Greek
30



Cantonese
18



Arabic⁴
15



Italian
14



Mandarin
8



Korean
6



Hindi
4



Spanish
3



Russian
1

⁴ We acknowledge that featured flags are not necessarily representative of all countries whose people speak that language

CLIENT STORY

Rosanna, Teresa and Carmine's Story

After 11 years caring for her elderly parents, Rosanna Kazantzis has found relief and comfort in adding tailored professional support to the mix.

My parents Teresa Barone, 88, and Carmine Barone, 91, arrived in Australia 66 years ago from Italy. They are both from strong, stubborn Calabrese stock and, despite their deteriorating health, they insist they will continue to live in their own home, no matter what. Typical!

I love them dearly, but over the past couple of years it's become more and more difficult for me to care for them and have my own life too; I'm only 59.

I live nearby with my husband and our three adult sons and spend time with my parents most days.

My father has battled through three bouts of cancer, which have left him increasingly frail each time, but it's dementia that has been the big issue more recently. He has recurring delusions that possessions are missing, or I'm trying to steal his money, or that he's being poisoned, so his behaviour can be quite confronting.

My mother has rheumatoid arthritis, sometimes so bad that she actually stops walking because of the pain in her knees and shoulders. Unfortunately she also has Parkinson's and dementia, although her state of mind is not as challenging as my father's.



▲ Top: Teresa and Carmine Barone; Below: Teresa with her daughter Rosanna Kazantzis

About two years ago it became increasingly clear that, between them, my parents really needed more care than I could provide; I just couldn't do it anymore, both physically and emotionally.

Despite some resistance and arguments, they reluctantly accepted that they (and I) needed help with their healthcare and daily things around the house, and things started to change for the better. I am so grateful to Multicultural Care.

My mother has benefited from three, eight-week periods of Short-Term Restorative Care, coordinated by Sharon Kirkpatrick at Multicultural Care. It's helped so much. Physiotherapist Samantha Masson is a godsend who has worked magic on my mum and now she is walking and isn't in too much pain anymore from her arthritis. Paul Conlin, their podiatrist from iPhysio Australia, has helped my mum with her feet and removing those stubborn callouses. Sharon has been wonderful, efficient and responded quickly to every need. She arranged for my parents' home to be assessed for safety and organised for hand rails to be fitted, in the bathroom, for example. Even better, they had hand rails fitted at my house, so my parents are also safe when they visit me.

In the meantime, my father was approved for a Home Care Package and, after rejecting a different provider after only a few visits, he's connected with the Multicultural Care people. Twice a week there's a bilingual support staff person who speaks Italian, so there's lots of conversation going on! I love that they're not just there to 'do tasks', but to engage, talk and listen. Emily Redman, who takes care of things on this front, has done everything in her power to accommodate us in every way. We coordinate things so that someone is with my parents throughout the day, where possible; I usually visit for lunch, but I don't have to worry about the mornings, for instance, because a support worker will visit to remind them about morning medications, make sure they're okay with breakfast, take care of some chores, have a cup of tea and a chat, and so on.

Emily is currently transferring my mother to a Home Care Package with Multicultural Care. Why would I go anywhere else? We have received efficient and wonderful service. Not only for my mother and father, but for me too as their primary carer—I feel such relief that I can share the load and reach out for advice and information too, like what to expect with dementia and how to cope.

With the help and care from professional staff, I am hoping we can get by with a little more time with my parents living at home, but it is getting difficult being on their own.

▼ *Left: Rosanna Barone
Middle: Teresa and Carmine with Rosanna and her husband Max
Right: Carmine celebrates his 90th birthday with Teresa and their grandsons.*



Short-Term Restorative Care

Short-Term Restorative Care (STRC) packages are ideal for older people who want to return to an earlier or improved level of physical ability following a period of ill health or decline. Services are designed to slow clients' functional decline, as well as to re-enable, restore or improve their health and wellbeing.

Funded by the Department of Health (DoH), Multicultural Care's STRC packages can be culturally tailored to suit the needs of each client and aim to achieve the client's individual goals.

A customisable eight-week care programme is provided by a doctor and team of select allied health professionals (such as an occupational therapist, podiatrist or physiotherapist) to identify and treat the client's specific medical conditions in their own home.

Older people can be eligible for an STRC package if they:

- › have been referred to My Aged Care and been assessed by an Aged Care Assessment Team
- › are not receiving a Home Care Package
- › are not receiving Residential Aged Care services
- › have not received Transitional Care in the six months prior to assessment
- › have not been in hospital in the three months prior to assessment
- › are not receiving end of life care

The client's Aged Care Assessment Team determines their eligibility for the service. Clients may also be eligible to receive a second round of STRC in a 12-month period. Once approved, packages are valid for six months and one day.

When clients' care needs become higher-level (levels 3–4) as determined by the ACAT team, our staff guide them with applying for a Home Care Package. This enables clients to continue living in their own homes while receiving the health and wellbeing support they need.

Our Short-Term Restorative Care services

Clients can still receive their regular CHSP, DVA or NDIS services while they participate in the Short-Term Restorative Care programme. STRC packages can include:

- › A health assessment
- › Case management
- › Assistance with bathing/dressing
- › Assistance with home cleaning
- › Assistance with preparing meals
- › Assistance with shopping
- › Assistance with gardening
- › Access to nursing, medication management, wound management
- › Access to transport to and from appointments
- › Access to aids and equipment including light home modifications such as rails and ramps
- › Allied health support services such as physiotherapy, occupational therapy, podiatry



Next year, we will be able to more than triple the number of clients we visit on any one day, thanks to a successful Department of Health tender to increase our daily capacity from 13 to 44 clients.

OUR AGED CARE SERVICES

Veterans' Home Care

Multicultural Care provides low-level support services to eligible war veterans, widows and widowers—supporting them to maintain their at-home independence.

Funded by the Department of Veterans' Affairs (DVA), Veterans' Home Care (VHC) also aids carers, acknowledging the vital role they play in supporting our defence and veteran communities.

DVA Gold or White cardholders living in the central, inner west, northern, south west and south east areas of Sydney are eligible to receive our services.

External VHC assessment agencies determine eligibility for the Veterans' Home Care program.

Clients can top up their VHC services by privately funding them or through a Home Care Package (which requires the approval of the Aged Care Assessment Team).

Multicultural Care is proud to provide support to those who have served and sacrificed for our country.

Our Veterans' Home Care can provide clients with:

- › Domestic Assistance with household tasks like cleaning, laundry and ironing
- › Personal care assistance with low-level tasks such as grooming, bathing, showering and dressing
- › Respite Care so carers can take a break
- › Social assistance through a 12-week activity program



The number of clients receiving particular services during the year

| | |
|-----------------------|----|
| ● Domestic Assistance | 75 |
| ● Personal Care | 1 |
| ● Respite | 0 |



In-home Care Services for Sydney Local Health District

Multicultural Care provides in-home care services to patients of the Sydney Local Health District (SLHD), by referral through the Royal Prince Alfred Hospital (RPA), Canterbury Hospital and Concord Hospital.

Our services include personal care, domestic assistance, flexible respite and assisted transport.

Services are provided under the following SLHD programs:

- **Community Packages (ComPacks)**
ComPacks facilitate safe and early discharges from hospital by providing eligible patients with a short-term package of in-home care designed to help them regain independence and prevent their readmission to hospital.
- **Transitional Aged Care Program (TACP)**
TACP is a supported discharge service that provides low-intensity in-home care for up to 12 weeks while an older person and their family decide whether they can continue to live at home with additional support from community care services, or need to consider going to a residential aged care facility.

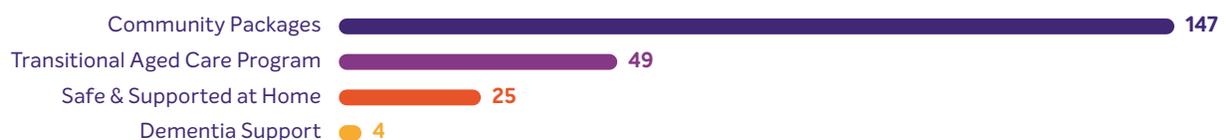
- **Safe & Supported at Home (SASH)**
SASH is a six-week package that supports clients with functional impairment/s who are in the process of applying for the National Disability Insurance Scheme (NDIS) or have been deemed ineligible for this scheme.

- **Dementia Support**
The Dementia Support Service is an in-home respite service for carers of people with dementia providing them with a regular break from their caring role.

The 2020–21 financial year was Multicultural Care’s first full year of providing services to SLHD (we started in May 2020).



Total number of clients by SLHD program



Total number of services (episodes of assistance) by SLHD program



Note: Clients can access more than one service

Our Disability Care Services

One in ten people aged 35–44 years and half of all older Australians (people aged 65 years and above) live with disability.

Multicultural Care is proud to be a registered disability support services provider under the National Disability Insurance Scheme (NDIS). We deliver a range of care services to people of all ages living with disability so they can continue to live an optimal quality of life in their own homes.

We support people who are eligible to receive government-funded subsidised care, as well as those who would like to access services privately. All pricing is controlled or set by the National Disability Insurance Agency (NDIA). We also make special considerations for people assessed as being financially disadvantaged.

People from diverse backgrounds who are living with disability (and their carers) may face greater difficulties when trying to access disability services and supports. Barriers encountered can be due to language and cultural differences. Multicultural Care is well qualified to help. Our bilingual support staff provide culture-based care in a language each client can understand. Our regular in-house training sessions ensure that all staff remain up-to-date about our obligations under the NDIS Practice Standards.

In February 2021, NDIS launched its Worker Screening Check: a new risk assessment checking system (conducted by Service NSW in this state) that provides a valid, nationally consistent clearance for people who work, or seek to work with people with disability, and helps prospective employers during the recruitment process.

Our Disability Care Services include:

- **Assistance with Personal Activities**
Help with daily tasks and home or personal care
- **Development/Life Skills**
Help or supervision with everyday personal tasks like cooking
- **Household Tasks**
Help with cleaning, cooking and general housekeeping
- **Participation in Community Activities**
So clients can join in (and travel to) social and community activities
- **Plan Management**
Offering administrative help from a Plan Manager, who can claim invoices for clients

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SUPPORTED
DISABILITY
CLIENTS



- ▲ *Multicultural Care client Danielle Pham training at the gym... She finished 9th in the world in her adaptive division at the 2020 Crossfit Open Games!*

CLIENT STORY

Georgia, Frankie and Matthew's story

Finding friendship and companionship with 'their' NDIS support worker has been a happy bonus for Georgia and her adult son Frankie.

Fotios 'Frankie' Xirocostas is 52 years old and lives at home in Sydney with his mother Georgia, 74. He's Australian-born with Greek heritage from both his parents, who arrived from Greece in the mid-1960s, when migration from Greece was at its peak.

Since her husband died 16 years ago, Georgia has been her son's sole carer.

Frankie lives with schizophrenia, a mental illness that causes someone to have an altered experience of reality. It causes psychosis, when people experience delusions and hallucinations.

Schizophrenia affects people's thoughts, perceptions and behaviour and interferes with their ability to function at work or school or relate to other people. People with schizophrenia often experience stigma in the community, which can be one of their biggest problems.⁵

The severity and impact of schizophrenia vary, but generally it is a long-term illness and, in Frankie's case, causes enough difficulties in his everyday life to qualify him for support for a psychosocial disability through the National Disability Insurance Scheme (NDIS).

A stable living environment, supportive relationships and meaningful work or activity are essential ingredients to help people with schizophrenia achieve their best state of wellbeing.

Enter Matthew Siu, a 50-something, Cantonese-speaking, Hong Kong-born Bilingual Support Staff member (BSS) with Multicultural Care, who works with the organisation's aged care and disability care (NDIS) clients.

Not too surprisingly, Matthew does not speak Greek, and Frankie and Georgia do not speak Cantonese (although they can now say a few words in their respective languages!). And while it is desirable for BSS workers to share a common cultural heritage with their clients, what's more important is their professional skills and the rapport they can build.

What the trio do share (other than a common language in English) is a warm, comfortable bond built over the four years that Matthew has been visiting to support Frankie—and by default, Georgia too—for two hours a day, most week days.

His work may involve assisting Frankie with personal care activities, helping with household tasks like cleaning, tidying and meal preparation, doing shopping, or simply providing company and conversation, a smile and a laugh.

⁵ www.healthdirect.gov.au/schizophrenia, accessed 7 October 2021

It's the latter that Georgia particularly values:
"I can talk with Matthew; he is a good listener.

"Some days Frankie will not be very well, but I am happy when Matthew comes and he is very calm and patient.

"Before Multicultural Care, Frankie could not be happy with the support people who try to help him, he would shout, and I was worried we would not have anyone. But Frankie liked Matthew straight away and now he is a friend to us," she says.

Matthew likewise says he enjoys his time with Frankie and Georgia, and the trust that has been built means Frankie feels safe and supported venturing out with Matthew to medical appointments or to merely get out of the house for a while.

"Community participation is important so clients do not feel too isolated," says Matthew.

"It also gives the care giver a short break while we go out to a park or a café, or drive around, or whatever the person's interests are.

"Georgia can take some time for herself knowing that Frankie is well looked after. By helping the client we also support their family members.

"When I come each day we say 'kalimera', which is 'good morning' in Greek, or 'yasou', which is more like 'hello'. I look forward to seeing them both each day. It makes my job even more worthwhile."



◀ Matthew, Frankie and Georgia

Weavers Program

Also known as the Carers Investment Program (CIP), Weavers is a 12-week mentoring program funded by the NSW Department of Communities and Justice (DJC). The program offers much-needed support to carers of older people from culturally diverse backgrounds and aims to increase their confidence and networks of support.

Weavers operates on a peer-to-peer model: a Carers' Coordinator matches current carers needing support with experienced volunteer carers or 'weavers', who often share their cultural background and native tongue.

Weavers share with carers their understanding, advice and guidance based on their own personal caring experiences. This may include how to access services and supports, reach out to friends and family, and cope with the emotional burden of caring for someone who is ageing.

Multicultural Care provides training for all Weavers, and staff maintain regular contact throughout the program to ensure the Weavers are keeping well and to offer emotional support if required. Additional training may be provided to assist Weavers to better understand dementia, manage grief and loss, and set personal and professional boundaries. After the 12-week mentoring program is complete, Weavers have an opportunity to reflect on outcomes of the program in a group setting.

Eligibility criteria are simple: volunteer Weavers must have recent experience of being a carer, while mentoring recipients must currently be caring for an older person.

Multicultural Care has run this valuable service since the program's launch in early 2019. During this financial year we were pleased to be successful in having our CIP funding extended, enabling us to continue providing this service. Its positive impacts for carers and carer mentors were highlighted through the Most Significant Change DJC research project in March 2021, which included a workshop with our Mandarin-speaking participants led by the University of Technology Sydney Centre for Carers Research.

Multicultural Care



Languages spoken by carers:

Vietnamese—4 carers



Arabic—3 carers



Uyghur—3 carers



Chinese
(Mandarin/Cantonese)—1 carer



Weavers and carers benefit from ‘caring and sharing’ program

Carers’ Coordinator & Local Connector Jessur Mamut coordinates Multicultural Care’s Weavers Program and says he is heartened by the obvious practical and social benefits it provides.

Our client Norman has been supporting his wife’s daily care needs since she became disabled as the result of a stroke two years ago. The couple are both in their 70’s.

Almost overnight Norman gave up his full-time work to become a full-time carer and increasingly became isolated in this role, with very few supports in place. He was not accessing any formal services and had very little information about his wife’s condition or what he was entitled to.

Life has changed for Norman since he was linked up with his Weaver mentor, Ali. Due to their shared Arabic backgrounds and language, Norman and Ali found mutual support through cultural understanding.

Ali assisted Norman with practical matters such as registering with My Aged Care and NDIS so he could access the services he was entitled to—for example, Norman now has specific equipment that supports his wife’s care in the home.

Ali has also provided Norman with job-seeking support and helped build his confidence in this area.

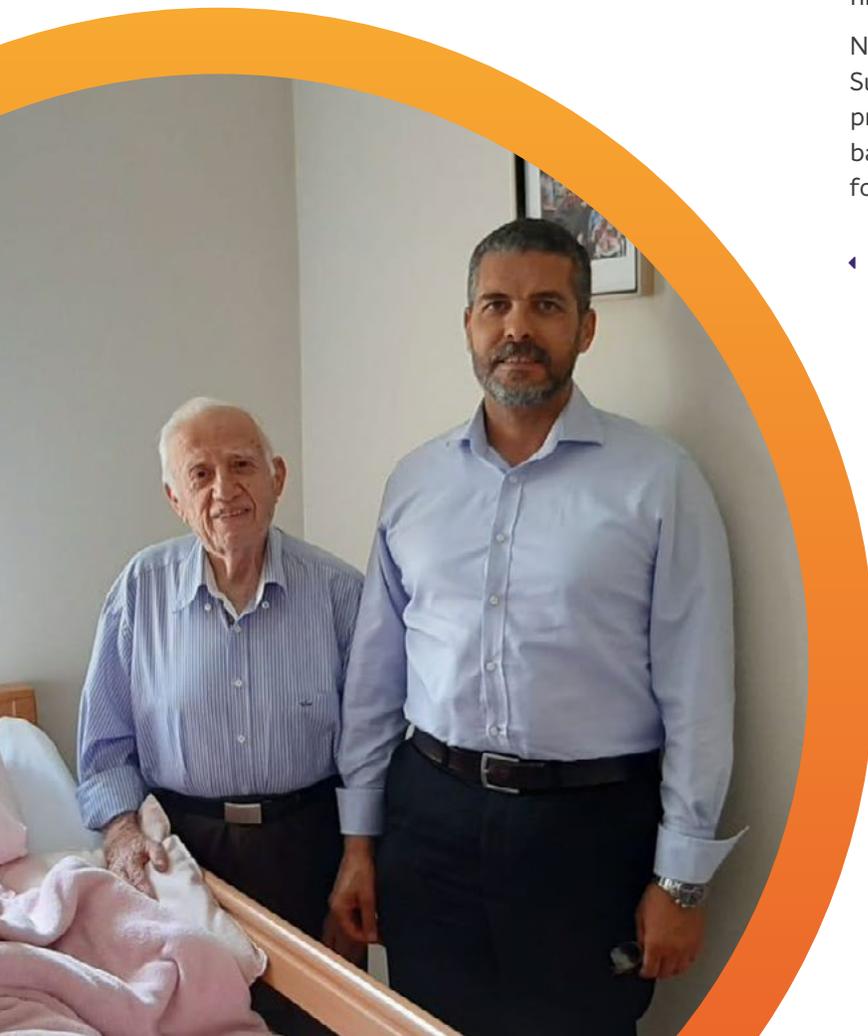
But more than that, Ali has helped Norman to recognise that focusing on his own needs and reaching out for help also assists him to care for his wife.

Norman is again making connections within his community, as well as receiving social support from Ali through their visits.

He is now accessing short-term Respite Services, which are reducing his stress levels and increasing his well-being.

Norman is also now receiving Community Visitors Support through Multicultural Care, which provides someone to sit with his wife on a regular basis so that he can access time and support for himself.

◀ *Lela, Norman and ‘weaver’ Ali*



Art Therapy Workshops

Delightful Colours of the World is a 12-week Art Therapy workshop program that Multicultural Care provides for older people (over 50 years of age) who come from culturally and linguistically diverse backgrounds, or who are living with hearing or visual disabilities.

The initiative is funded by a Stronger and Resilient Communities Grant from the Department of Social Services (DoSS), which recently extended our funding for 2021–22. Although COVID restrictions did mean our workshops had to be paused during lockdown, we were able to get them back up and running in a COVID-safe, socially distanced fashion from August 2020.

Created and led by experienced Art Therapists, the language-specific workshops are run in Sydney's south west, inner west and south east regions, for clients who speak Greek, Vietnamese, Chinese or Korean, as well as a mixed language group.

The workshops enable participants to enjoy themselves through creative expression, while exploring their cultural roots and identity.

It's also a chance to socialise with 10–15 new people and make friends.

Activities like this provide an opportunity for us to recommend further services that may be of use to participants. Our Carers' Coordinator and Local Connector considers participants' needs for further services, referring them to other Multicultural Care services or other service providers as appropriate.

Multicultural Care clients were proud to display more than 250 pieces of artistic work at our Mosaic Festival in June 2021 (see story in this report).

During 2020–21 Multicultural Care ran:

- 60 individual **Delightful Colours of the World** workshops
 - delivered in **5 languages**
 - providing a fun, creative 12-week program for **75 clients**
- a regular fortnightly activity for **144 Centre-Based Respite Services clients**

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ART THERAPY CLIENTS



Art Therapy connects clients to country, culture and community



Art therapist Jacquie Schneider, who runs a number of workshops for Multicultural Care, explains the benefits and shares insights into the creative process.

Science has shown that art therapy reduces both stress levels and blood pressure, and increases serotonin and endorphins—the ‘feel-good hormones’.

Each time we engage in a creative activity we reveal a vulnerable part of ourselves. Sharing creative activities within a group encourages trust and builds relationships.

Art therapy (or what I prefer to call Creative Care) enables us to connect to our country and our culture, and most importantly, creates opportunities to connect with our community.

Each session during the 12-week program features a different theme and art medium. Here’s a snapshot of two sessions with our Multi Cultures Group at Burwood:

Week 3: Colourful Inspiration + Emotion! **Process: Marbling Inks**

This week we explored colour and our emotions. Colours often inspire our creativity and invoke emotions. The art of marbling is not trying to control the colours, unlike our emotions—the colours and our emotions become an intrinsic pattern of our selves.

Our group was widely diverse today both in age and culture: our youngest was the six-year-old grandson of a client, we had a high school student on work experience, and our regular and oldest client aged 93 years.

Before we began, we discussed our favourite colours and why we are drawn to them. Some clients commented on their favourite colour:

▲ *Art Therapist Jacquie Schneider (left)*

blue = the colour of the sky; green = nature; red = passion; purple = calming. Yellow was the least favourite of one client, who says she avoids it when buying clothes... later when she was opening the ink bottles, the yellow ink splashed all through her hair. She found this hilarious.

I demonstrated the technique of thickening the water so the ink colour sits on the surface of the water, and placing our paper on top to lift the ink colour. Clients were also given an alternative technique of using shaving foam and food colours. They were excited to try!

Week 5: Borders + Boundaries— **‘Thru our Window’** **Process: Mosaic with wood**

Mosaic (noun): a picture or pattern produced by arranging together small pieces of stone, tile, glass, wood etc.

This week clients were introduced to mosaic, with natural wood shapes. Our discussion was around Borders + Boundaries: borders are externally controlled, while boundaries are our personal control. When we are feeling powerless, we are able to gain personal control by implementing our own ‘boundaries’.

Reflecting on the past few months, and again, new COVID restrictions (which meant masks were worn inside), clients were given a flat wooden board representing a window on which to create pictures, patterns and thoughts by gluing different wooden shapes. These shapes were mainly an assortment of birds, leaves, flowers, hearts, as well as pop sticks and generic shapes such as circles squares and stars.

Some clients commented they found it a little challenging, yet thought-provoking; others enjoyed the process and the tactile use of wood.



Celebrating cultural diversity at our Mosaic Festival

Art, music, song and dance from around the world came together for the Multicultural Care Mosaic Festival celebrations on 10 June 2021, entertaining more than 200 of our community members, clients and staff at Club Burwood RSL.

Usually held to mark Harmony Week in March, but delayed due to COVID concerns, the Mosaic Festival is our contribution to celebrating cultural diversity and showcasing the great talents within our local communities. (It was well-timed, as Sydney entered a 110-day lockdown a few weeks' later.)

It was delightful to see so many clients up on stage performing, clapping, singing and 'dancing in the aisles' with our staff, or displaying their colourful artworks for everyone to appreciate.

The event highlights that age and ability should never be a barrier to cultural expression—and that our community is so much richer because of all the wonderful cultural backgrounds that make up Australian society. It truly reflected the Harmony Week theme of 'Everyone Belongs'.

We were pleased to have among our guests: Joseph La Posta, CEO of Multicultural NSW (on behalf of the Minister for Multiculturalism); Mayor of Burwood, Councillor John Faker; and NSW Member for Drummoyne, John Sidoti MP.

Entertainment at the Mosaic Festival included:

- › Dong Fang Yun Model Art Troupe
- › Macedonian Dance Group
- › Uyghur dancer Narkiz Jessur
- › Irish musicians Noel McCormack and Jo Burgess
- › Andalus Arabic Choir
- › Sydney Xue Hua Piao Chinese Music Group
- › Accordionist and singer Philippe Wittwer





Client Satisfaction Survey

Multicultural Care conducts a client satisfaction survey each year to receive feedback on our range of services and programs. Client responses are invaluable as they offer key insights into the customer experience to help inform, improve and shape our client interactions and service delivery.

Our 2020 survey was distributed to all clients by post in November, provided in the most common community languages spoken by our clients: Arabic, Chinese, Greek, Italian, Vietnamese, English, Macedonian and Spanish. Multicultural Care's bilingual support and office staff translated all the surveys except the Arabic version, which required the services of an external provider. We also provided the option of completing the survey online for the first time, via a link in the spring edition of the Multicultural Care Newsletter.

Results from this year's survey were very pleasing, with the majority of respondents again expressing a high level of satisfaction with our services and programs.

Many clients and carers also opted to write compliments about our organisation, expressing gratitude for the care they had received and how it had enhanced their quality of life; many also took the time to provide constructive feedback on how we could better meet their needs.

Useful suggestions were provided on how services could be improved, including employing more male Greek-speaking staff, continuing to involve clients in planning their day centre activities, and providing more notice (where possible) when substitute care staff are provided. We have taken this feedback on board.



Our 2020–21 Survey Results

Multicultural Care clients continue to rate our performance highly: 84 per cent rated our services as being ‘excellent’ or ‘good’, 8 per cent as ‘average’ and 2 per cent as ‘poor’ (6% did not specify). A pleasing two-thirds (64%) of clients also stated that they are ‘extremely likely’ to recommend Multicultural Care to others.

% Survey respondents by service type



189
RESPONSES RECEIVED

% Survey respondents by language spoken



“How would you rate our services?”



“Would you recommend Multicultural Care?”



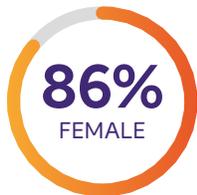
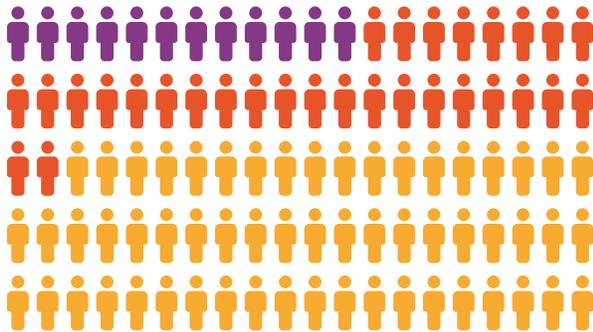
Our People

Our Staff

Our team members are key to our success as a service organisation. Multicultural Care is proud to have a talented and dedicated group of qualified people who look after day-to-day operations and assist our clients.

100 Multicultural Care Staff

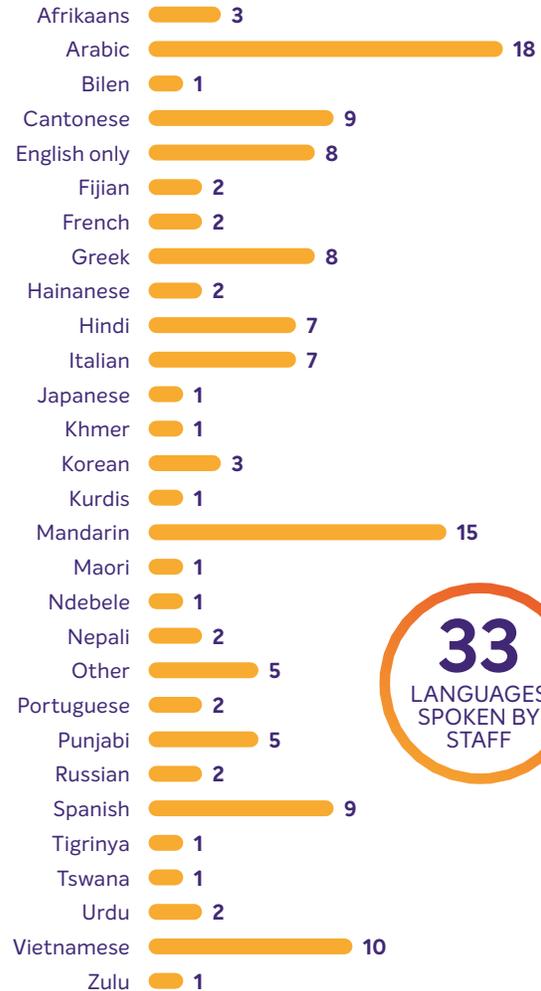
● Full-time 12%
 ● Part-time 30%
 ● Casual 58%



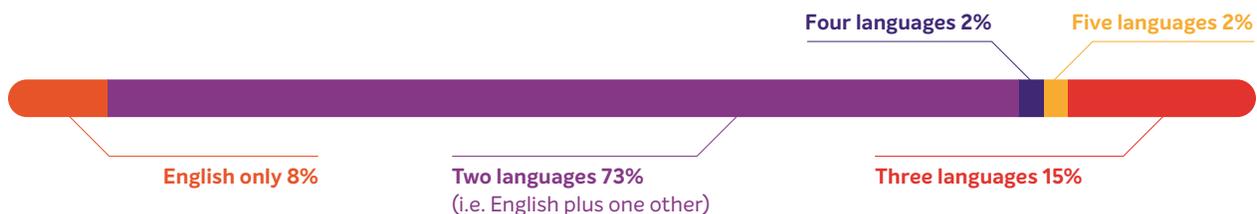
Language skills

An overwhelming majority of our staff—92 per cent—speak a language in addition to English.

Languages spoken by staff



Number of languages spoken by staff



In December 2020, we were delighted to congratulate the following Bilingual Support Staff:

15 years of service

- Aida El Hage (sadly, Aida has since passed away)

10 years of service

- Nervine Merhem

5 years of service

- Glenda Benitez
- Saleem Bushra
- Liliana Jimenez
- Hoa Thi Hong Le
- Marlen Martino Lescay
- Kudus Meskel
- Shereen Moses
- Litsa Mouhtouris
- Ngoc Suong Nguyen
- Magaly Granillo Ortega
- Marilyn Ossio
- Arpana Rana
- Nata Reitano
- Poonam Sharma
- Irene Theodoropoulos



Board members Emanuel Valageorgiou and Jack Passaris with the late Aida El Hage (above) and Nervine Merhem (right)



We were also proud to formally recognise our long-standing board director Jack Passaris, who has provided dedicated service and leadership to Multicultural Care over almost two decades. This included two terms as Chair, first in 2003 and again from 2007 to 2020.

◀ *Board members George Margelis, Emanuel Valageorgiou and Jack Passaris, and CEO Rosy Walia*

Staff country of birth

The Multicultural Care team is a culturally diverse community in its own right, with staff hailing from around the world. Notable countries of origin include China (13% of staff), Australia (11%), Vietnam (11%) and Egypt (10%), along with India and Italy (5% each), and Greece and Lebanon (4% each).

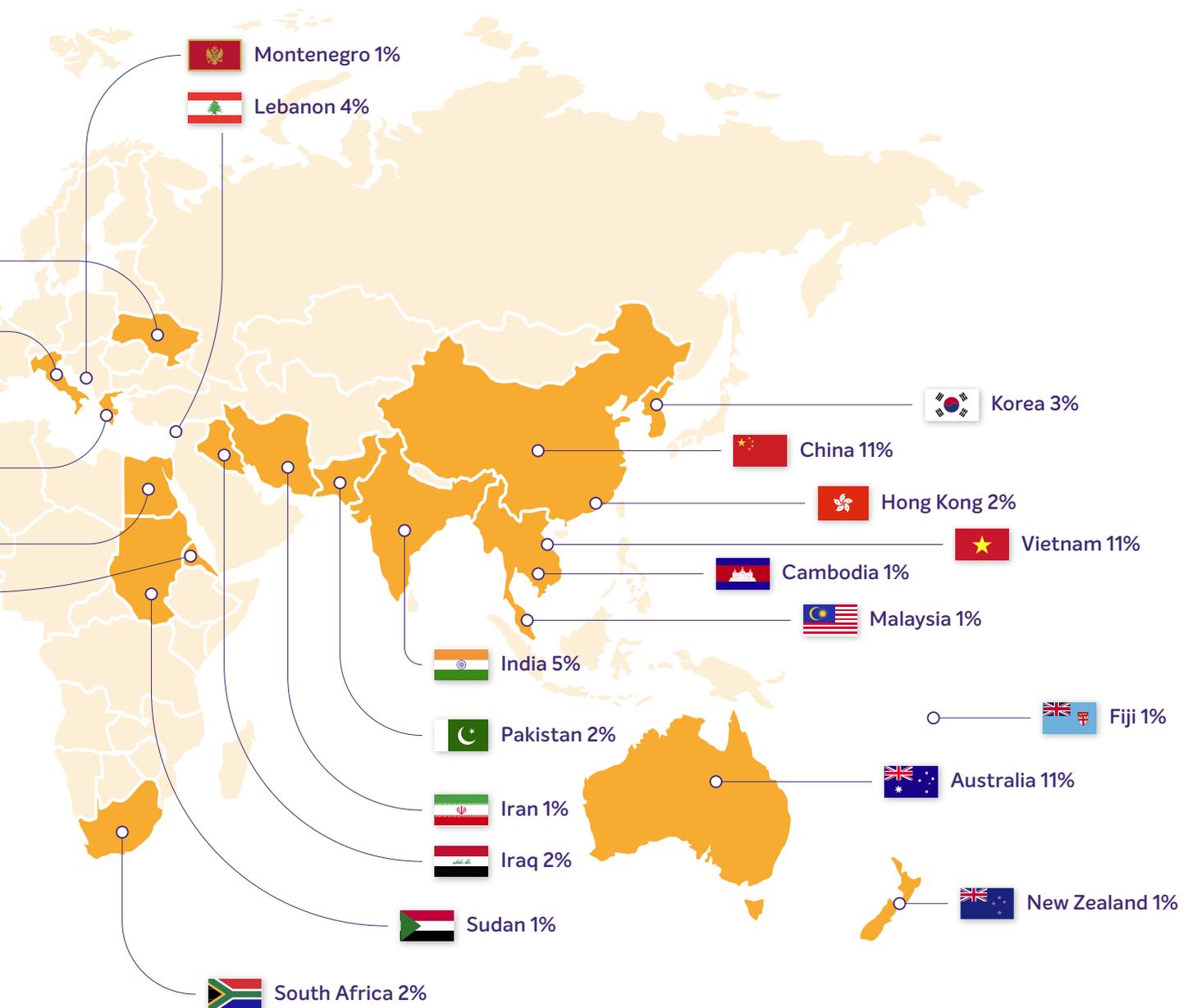
Although it may be desirable for frontline staff to share a cultural background or language with their clients, other commonalities can foster an excellent relationship—as the stories in this report show.



Attracting and retaining staff

Our continuing priority is attracting and retaining a culturally diverse team of individuals who are not only highly proficient and ideally multi-lingual, but also caring and passionate about making a difference for older people and people living with disability. To achieve this aim, we are committed to maintaining excellent levels of employee engagement, satisfaction and wellbeing, and fostering a supportive workplace culture.

A long-term outcome of being an excellent place to work is how long our staff remain with us, providing continuity of care and relationships with clients, contributing to positive team morale, and improving our ability to recruit staff.



Nga's Story

With almost 15 years of service at Multicultural Care, former doctor Nga Le, 58, talks about fulfilling her passion to care for older people, both in the community and at home.

I was born in Vietnam and arrived in Australia in 1994. Before coming to Australia, I trained and practised as a doctor in Traditional Eastern Herbal Medicine and worked in the City Hospital for many years. My qualification was not recognised here, but to retrain and enter the medical field again would have been very difficult as my English was not proficient enough then (in 1996) and I did not have the time to do university and take care of my daughter (9 years old at the time) on my own.

I decided to work in community care/support because I still wanted to be in a field where I could use my medical knowledge and experiences, assist people to have early health interventions in daily life (remain healthy before getting sick and taking medication and/or going to hospital) and provide care in the community. Also, as I have always had a close relationship with my parents, working with and supporting aged people has always been my passion.

I studied for a Diploma of Welfare Community Services and, in 2006, I began working for Multicultural Care (at the time it was CMADSS). I started as a Bilingual Support Worker (BSS), providing Home Care support on a one-on-one basis mainly; I worked with some clients for many years.

Then I progressed to facilitating Multicultural Care's Vietnamese group—I pick up clients from their homes and we go as a group to different locations or engage in different activities in a centre to provide a social setting to clients who live alone.

My clients are from the same cultural background as me; this makes it easier to communicate (as we speak the same language) and, in some matters, it is easier to understand some cultural context.

However, I also assist groups of other cultural backgrounds if they need it.

Multicultural Care has grown exponentially over the years; the team has grown in number but is very organised. Training is provided to staff so that we are continuously developing our knowledge. We are well supported in our daily roles such as providing personal protective equipment (PPE), mentoring, and support in our personal matters.

In 2008 I became a carer for my husband. I have been caring for my mum physically since her arrival in Australia in December 2014, after my father passed away.

My mother, Lien, is now 84 years old and she is also a client of Multicultural Care. She comes on the Vietnamese group outings with us. We have a group gathering every Tuesday, alternating between going out to different locations and having a small gathering at Ashbury Senior Centre. These outings/meetings are more than just being out of the house physically—it also allows for our clients to meet up and have social interactions with each other.

We recently had a picnic at Bicentennial Park, near the water, and everyone enjoyed themselves being out in the sunshine, chatting to each other, keeping up to date with news within the community and doing gentle exercises.

We also have activities such as bringing in art therapists to teach our clients to complete small art projects like making paper butterflies, and drawing and colouring in freeform pictures. Through these activities, they practise their fine motor skills, exercising small muscles, hand-eye coordination and a sense of accomplishment seeing their results.

What makes me smile about my job is when I see my clients happy and healthy and enjoying themselves at our group outings.

I always try my best to continually develop my skills and knowledge as best as I can in order to do my job as best as I can. I have, through Multicultural Care's assistance and facilitation, further developed my occupational skills from my Diploma, learning further about how to approach palliative care, running an outing group and home care, as well as continuously updating on legislative changes within the field.

What makes me stay? Multicultural Care enables me to fulfil my passions and apply and expand my knowledge. I also see the growth, good organisation and leadership Multicultural Care executives provide to staff and clients. I can say that if someone is thinking about a career in support work, they must be truly passionate and have a love for the field. They must also have a passion in helping others.

▼ *Nga Le and her mother Lien (top), and with the Vietnamese Day Respite group enjoying an outing to Bicentennial Park*



Our CEO



Dr Rosy Walia

CEO & Company Secretary

Dr Rosy Walia has over 20 years' senior management experience in the community sector. Since July 2007 she has been CEO and Company Secretary of Multicultural Care, which she joined with a mission to ensure older people, people with disability and their carers from culturally diverse communities continued to receive excellent in-home care and services. Prior to this, Rosy championed quality management in the community and health care sectors as State Manager NSW/ACT with Quality Management Services, a leading national accrediting body.

Rosy has a doctorate in social science and is a recognised authority in the delivery of multicultural services. 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.

Rosy has held numerous representative and advisory roles. She is currently on the Workforce National Committee of National Disability Services (NDS) Board, a national peak body for Disability Services organisations. Since 2011, she has been involved in the Community Care Advisory Committee of Aged & Community Services Australia (ACSA). In 2019, she was appointed to the NSW Division Council of ACSA and was elected as NSW State Committee member of NDS. In 2018, she was invited by the Minister to participate in a Providers Roundtable on the Terms of Reference for the Royal Commission into Safety & Quality of Aged Care and was an invited member of the Australian Aged Care Quality Agency Standards Guidance Reference Group. Rosy has also served on numerous not-for-profit boards.

She was a recipient of the prestigious Cultural Diversity Scholarship at the Australian Institute of Company Directors (AICD) for the Company Director course she completed. Regularly consulted on social policy and program design, in 2019 Rosy took part in AICD's selective pilot of the applied governance course, Boardroom Mastery, by invitation.

Our Board



Jack Passaris OAM

Director
Chair (until 14 December 2020)

Jack Passaris OAM was elected to the board of Multicultural Care in 2003; he held the position of Chair in 2003 and again from 2007 until December 2020. He is extremely proud of what Multicultural Care achieved during this time and continues to serve as a Director on the Board. Jack has extensive experience on not-for-profit boards and community organisations. He has always had a strong passion for multiculturalism and for the development of a culturally diverse society. Jack is also a board member of the Ethnic Communities' Council of NSW and a Foundation and Life Member. Jack 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. Jack is a Trustee of the Foundation for Hellenic Studies (UNSW). In 2009, Jack received the Order of Australia Medal for his services to the community 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.



Emanuel Valageorgiou

Director
Chair (appointed 14 December 2020)
Member, Finance & Audit and Risk & Compliance Committees

Emanuel Valageorgiou joined the Board in 2007 and was appointed Chair in December 2020, having also served for several years as Secretary. He is an experienced not-for-profit (NFP) board director and was formerly a senior executive with TransGrid. Until recently he provided human resources and change management consulting services to not-for-profits and small businesses. He has extensive experience in voluntary organisations dealing with multicultural issues, aged and disability care, youth, and sport. Emanuel has been a Director of the Ethnic Communities' Council of NSW since 2005, serving as Secretary and Chair and is currently its Treasurer. He serves as a member of Multicultural NSW's Western Sydney Regional Advisory Council. Emanuel is also President of the Samian Brotherhood of NSW and a Founding Director of Riverwood Glory Football Club.



Diana Chang

Director

Member, Risk & Compliance Committee

Diana Chang joined the Board in 2019. Diana has over 35 years' experience as a commercial litigation lawyer and has been consistently recognised as a leading and recommended practitioner in litigation and alternative dispute resolution in Australia. She has been a partner in commercial law firms including a founding partner of a leading corporate boutique law firm and Office Managing Partner and Practice Leader in the Sydney office of Clifford Chance a global law firm. Throughout her career Diana steered and actively contributed to community engagement and social justice initiatives of the firms she worked at. Between 2016–2017 she was a Member of the NSW Law Society Diversity and Inclusion Committee whose role is to promote diversity, equality and inclusion in the legal profession. She was also a part-time member of the Australian Takeovers Panel for six years. She is a graduate of the Australian Institute of Company Directors. Diana is also the Vice President and Secretary of South West Sydney Legal Centre and Chair of their Risk Committee.



Michael Hawatt

Director

Member, Finance & Audit Committee

Michael Hawatt has been a Board member since 2006. He was a Local Government Councillor with Canterbury City Council from 1995 until 2016. During these years, Michael gained a good understanding of council operations and planning. Michael also served on a number of local community organisations and was a candidate for the state seat of Lakemba several times. Michael was also the former President of the Watson Federal Electoral Conference, Lakemba State Electoral Conference and Canterbury Local Government Conference for the Liberal Party. Michael has also managed a number of election campaigns for his Liberal Party including for Federal, State and Local Government elections. Michael's business skills include operating his own business as a Finance Broker since 2000 and trading in import-export and investments. He also worked during his early years as a computer programmer and analyst with a number of large companies including Qantas Airways.



George Margelis

Director

Member, Risk & Compliance Committee

George Margelis has been a Board member since 2013. He 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 ten years before My Health Record was launched. He joined Intel in 2005 and then Intel-GE Innovations. In 2013 George was appointed an Adjunct Associate Professor at the University of Western Sydney with the TeleHealth Research & Innovation Laboratory (THRIL). 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. In 2019 he took on the role of Independent Chair of the Aged Care Industry Information Technology Council.



Shirley Cho

Director

Chair, Finance & Audit Committee

Shirley Cho was elected to the Board of Multicultural Care in 2018. She is a skilled governance professional with a focus on good governance in the not-for-profit sector. She supports older people from culturally diverse backgrounds in the community. Shirley is a financial executive with business acumen and hands-on experience in accounting and financial management in the customer-centred industry. Shirley is a Fellow Certified Practising Accountant. Her previous roles in the last five years include NSW Councillor of CPA Australia and Board Member and Treasurer of Connect: Inner West Community Transport Group.



Liang Joo Leow

Director

Chair, Risk and Compliance Committee

Liang Joo Leow joined the Board in 2018. He is a medical professional with a passion for clinical as well as corporate governance, and is currently a Specialist Advisor at the Therapeutic Goods Administration. He is a graduate of the Australian Institute of Company Directors and an Associate Fellow of the Royal Australasian College of Medical Administrators. An experienced educator, he is appointed Conjoint Senior Lecturer at the University of New South Wales and Adjunct Clinical Senior Lecturer at the University of Notre Dame Australia. He conducts academic research in clinical medicine and in linguistics, and has studied at four Australian universities. Liang Joo holds tertiary qualifications in public health, tropical medicine, information technology and linguistics; and won the inaugural James Cook University Outstanding Young Alumni Award and the inaugural Australian Institute of Interpreters and Translators Award for Excellence in Interpreting. He received an Alumni Achievement Award from the University of New England in 2019, where he is currently undertaking a PhD. His multicultural and language experience includes subtitling at the Special Broadcasting Service, examining for the NSW Board of Studies and the National Accreditation Authority for Translators and Interpreters, and interpreting at international negotiations between heads of state.

Committee Reports

Finance and Audit Committee Report

The financial position of Multicultural Care for the 2020–2021 financial year remained solid with a positive cash flow. We continued to achieve responsible financial surpluses and deliver quality services to the multicultural community, despite the impact of the COVID-19 outbreak had on our operations and financial performance.

Total revenue before JobKeeper government subsidy increased from the 2019–2020 financial year. The Sydney Local Health District (SLHD) income for the year added up to \$537,039. The service started in May 2020. The changes to Home Care Package funding phased in from February, with payment in arrears rather than in advance. We continue to look for opportunities to grow organically.

Total expenses for the 2020–2021 financial year continued to increase, with employment expenses up by seven per cent from last year. We continued to invest in information technology (IT) infrastructure. In addition, a project manager worked with us to ensure the success of AlayaCare implementation.

Following the recommendations made after an external payroll audit conducted by Stewart Brown Accountants, the management team improved the payroll process and system. We welcomed a Payroll and Finance Officer into the finance team to handle the payroll matters effectively. Brian Leow took over the role of Finance and Administration Manager in March this year.

Finally, on behalf of the Committee, I thank the management team for their hard work and dedication in progressing our strategic plan. I would also like to take this opportunity to thank the Board for their continuous support.

Shirley Cho

Chair, Finance & Audit Committee

Risk and Compliance Committee Report

The Risk and Compliance Committee provides independent advice to the Board on matters relating to risk management, clinical governance and regulatory compliance. It met on four occasions during 2020–2021.

Matters relating to COVID-19 remained central to the committee's agenda, including government assistance packages for the organisation and for staff, vaccination, and response to contact notification. Implications of remote working arrangements were raised, including mental health, communication responsiveness, workers' compensation and cybersecurity.

During the reporting period the committee focused on staff training, safety and security, reconciliation of unspent funds, and developing a delegation policy; reviewed membership terms of the organisation; and discussed cyber insurance, mitigation strategies for consumer-related risk, as well as quality improvement recommendations following a mock audit by Aged & Community Services Australia. The committee provided oversight of the newly-established Clinical Committee and improvements in response to the recent payroll audit.

The Chairman completed an Associate Fellowship of the Australasian College of Medical Administrators and attended training events by the Australian Institute of Company Directors relating to aged care, COVID-19, crisis management and boardroom ethics.



Liang Joo Leow

Director

Chair, Risk and Compliance Committee

FINANCIAL STATEMENTS

For the year ended 30 June 2021

Directors' Report

30 June 2021

The directors present their report on Multicultural Care Limited for the financial year ended 30 June 2021.

Operating results and review of operations for the year

Operating results

The surplus of the Company after providing for income tax amounted to \$ 1,565,661 (2020: \$ 143,128).

General information

Principal activities and significant changes in nature of activities

The principal activities of Multicultural Care Limited during the financial year were:

- to provide In home care services to frail aged, people with a disability and their carers who are from culturally and linguistically diverse backgrounds and live in Sydney Metro area.

There were no significant changes in the nature of Multicultural Care Limited's principal activities during the financial year.

Short term objectives

The Company's short term objectives are to:

- To facilitate client centred care and empower individual clients and their carers to take control and ownership over their specific delivery requirements;
- To provide a range of culturally specific direct care services to individuals from a range of ethnic backgrounds;
- Where services are not provided by Multicultural Care directly, identify suitable and appropriate service delivery partners and facilitating access for our multicultural communities to these partners.

Long term objectives

The Company's long term objectives are to:

- Actively promote culturally and linguistically appropriate care for our clients, their carers' and the community in general;
- Ensuring we operate a sustainable business that maximizes the effective and efficient use of our people, physical and financial resources;
- Be a recognised leader in the provision of in-home support services for multicultural communities as evidenced by the success of programs and practices.

Strategy for achieving the objectives

To achieve these objectives, the Company has adopted the following strategies:

- The company strives to attract and retain quality staff and volunteers who are committed to working with people in need. The company believes that attracting and retaining quality staff and volunteers will assist with the success of the entity in both the short and long term;
- Staff and volunteers work in partnership with a range of community stakeholders, and this is evidenced by ongoing support of the entity's projects and initiatives. The Company ensures community stakeholders understand and are committed to the objectives of the Company through ongoing education in order for the projects to succeed

Directors

The names of the directors in office at any time during, or since the end of the year are:

Names

- Emanuel Valageorgiou
- Jack Passaris OAM
- George Margelis
- Michael Hawatt
- Liang Joo Leow
- Shirley Cho
- Diana Chang

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Information on directors

Emanuel Valageorgiou

Qualifications

Emanuel Valageorgiou joined the Board in 2007 and is currently the Chair, having also served for several years as Secretary. He is an experienced not-for-profit (NFP) board director and was formerly a senior executive with TransGrid. Until recently he provided human resources and change management consulting services to not-for-profits and small businesses. He has extensive experience in voluntary organisations dealing with multicultural issues, aged and disability care, youth, and sport. Emanuel has been a Director of the Ethnic Communities' Council of NSW since 2005, serving as Secretary and Chair and is currently its Treasurer. He serves as a member of Multicultural NSW's Western Sydney Regional Advisory Council. Emanuel is also President of the Samian Brotherhood of NSW and a Founding Director of Riverwood Glory Football Club.

Special Responsibilities

- Chair of Multicultural Care
- Member of Risk and Compliance Committee
- Member of Finance & Audit Committee

Jack Passaris OAM

Qualifications

Jack Passaris OAM was appointed Chair of Multicultural Care in 2003 and held this position until December 2020. He is extremely proud of what Multicultural Care achieved during this time. He currently serves as a Director on the Board. Jack has extensive experience on not-for-profit boards and community organisations. He has always had a strong passion for multiculturalism and for the development of a culturally diverse society. Jack is also a board member of the Ethnic Communities' Council of NSW and a Foundation and Life Member. Jack 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. Jack is a Trustee of the Foundation for Hellenic Studies (UNSW). In 2009, Jack received the Order of Australia Medal for his services to the community 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.

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Qualifications

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Special Responsibilities

- Member of Risk and Compliance Committee

Michael Hawatt

Qualifications

Michael Hawatt has been a Board member since 2006. He was a Local Government Councillor with Canterbury City Council from 1995 till 2016. During these years, Michael gained a good understanding of council operations and planning. Michael also served on a number of local community organisations and was a candidate for the state seat of Lakemba several times. Michael was also the former President of the Watson Federal Electoral Conference, Lakemba State Electoral Conference and Canterbury Local Government Conference for the Liberal Party. Michael has also managed a number of election campaigns for his Liberal Party including for Federal, State and Local Government elections. Michael's business skills include operating his own business as a Finance Broker since 2000 and trading in import-export and investments. He also worked during his early years as a computer programmer and analyst with a number of large companies including Qantas Airways.

Special Responsibilities

- Member of the Finance and Audit Committee

Liang Joo Leow

Qualifications

Liang Joo Leow is a medical professional with a passion for clinical as well as corporate governance, and is currently a Specialist Advisor at the Therapeutic Goods Administration. He is a graduate of the Australian Institute of Company Directors and an Associate Fellow of the Royal Australasian College of Medical Administrators. An experienced educator, he is appointed Conjoint Senior Lecturer at the University of New South Wales and Adjunct Clinical Senior Lecturer at the University of Notre Dame Australia. He conducts academic research in clinical medicine and in linguistics, and has studied at four Australian universities. Liang Joo holds tertiary qualifications in public health, tropical medicine, information technology and linguistics; and won the inaugural James Cook University Outstanding Young Alumni Award and the inaugural Australian Institute of Interpreters and Translators Award for Excellence in Interpreting. He received an Alumni Achievement Award from the University of New England in 2019, where he is currently undertaking a PhD. His multicultural and language experience includes subtitling at the Special Broadcasting Service, examining for the NSW Board of Studies and the National Accreditation Authority for Translators and Interpreters, and interpreting at international negotiations between heads of state.

Special Responsibilities

- Chair of Risk and Compliance Committee

Shirley Cho

Qualifications

Shirley Cho is a skilled governance professional with a focus on good governance in the not-for-profit sector. She supports older people from culturally diverse backgrounds in the community. She was elected to the Board of Multicultural Care in 2018.

Shirley is a financial executive with business acumen and hands-on experience in accounting and financial management in the customer-centred industry. Shirley is a Fellow Certified Practising Accountant. Her previous roles in the last five years include NSW Councillor of CPA Australia and Board Member and Treasurer of Connect: Inner West Community Transport Group.

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- Chair of Finance & Audit Committee

Diana Chang

Qualifications

Diana Chang joined the Board in 2019. Diana has over 35 years' experience as a commercial litigation lawyer and has been consistently recognised as a leading and recommended practitioner in litigation and alternative dispute resolution in Australia. She has been a partner in commercial law firms including a founding partner of a leading corporate boutique law firm and Office Managing Partner and Practice Leader in the Sydney office of Clifford Chance a global law firm. Throughout her career Diana steered and actively contributed to community engagement and social justice initiatives of the firms she worked at. Between 2016–2017 she was a Member of the NSW Law Society Diversity and Inclusion Committee whose role is to promote diversity, equality and inclusion in the legal profession. She was also a part-time member of the Australian Takeovers Panel for six years. She is a graduate of the Australian Institute of Company Directors. Diana is also the Vice President and Secretary of South West Sydney Legal Centre and Chair of their Risk Committee.

Special Responsibilities

- Member of Risk and Compliance Committee

Meetings of directors

During the financial year, 6 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

| | Directors' Meetings | | Finance & Audit Committee | | Risk & Compliance Committee | |
|----------------------|---------------------------|-----------------|---------------------------|-----------------|-----------------------------|-----------------|
| | Number eligible to attend | Number attended | Number eligible to attend | Number attended | Number eligible to attend | Number attended |
| Emanuel Valageorgiou | 6 | 6 | 2 | 1 | 4 | 4 |
| Jack Passaris OAM | 6 | 4 | - | - | - | - |
| George Margelis | 6 | 6 | - | - | 4 | 4 |
| Michael Hawatt | 6 | 6 | 2 | 1 | - | - |
| Liang Joo Leow | 6 | 6 | - | - | 4 | 4 |
| Shirley Cho | 6 | 6 | 2 | 2 | - | - |
| Diana Chang | 6 | 6 | - | - | 4 | 4 |

Other items

Events after the reporting date

On 11 March, 2020, the World Health Organisation declared the outbreak of a respiratory disease caused by a new coronavirus as a "pandemic". First identified in late 2019 and known now as COVID-19, the outbreak has impacted thousands of individuals worldwide. In response, many countries have implemented measures to combat the outbreak which have impacted global business operations. As of the date of issuance of the financial statement, the Company's operations have been impacted. The Company continues to monitor the situation. No impairments were recorded as the carrying amounts of the Company's assets are expected to be recoverable.

On the 18 August the Company disposed of a property at South Parade, Campsie. Settlement for the property took place on 13 October 2021.

Except for the above, no other matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

Signed in accordance with a resolution of the Board of Directors:



Emanuel Valageorgiou
Director

Dated this 28th day of October 2021

Statement of Profit or Loss and other Comprehensive Income

For the year ended 30 June 2021

| | Note | 2021 \$ | 2020 \$ |
|--|------|------------------|-------------|
| Revenue | 4 | 8,652,347 | 6,380,571 |
| Other income | 4 | 256,422 | 249,789 |
| Employee benefits expense | | (5,284,030) | (4,917,863) |
| Depreciation expense | | (55,331) | (49,453) |
| Depreciation –right of use asset | | (95,354) | (95,354) |
| Bad and doubtful debt expenses | | (82,374) | (31,498) |
| Advertising expenses | | (8,854) | (23,397) |
| Audit and accounting expenses | | (19,757) | (23,380) |
| Client program expenses | | (1,297,628) | (807,172) |
| Computer expenses | | (163,847) | (176,187) |
| Other expenses | | (335,930) | (357,659) |
| Finance costs | | (3) | (5,269) |
| Surplus before income tax | | 1,565,661 | 143,128 |
| Income tax expense | | - | - |
| Surplus for the year | | 1,565,661 | 143,128 |
| Other comprehensive income for the year, net of tax | | - | - |
| Total comprehensive income for the year | | 1,565,661 | 143,128 |

Statement of Financial Position

As at 30 June 2021

| | Note | 2021 \$ | 2020 \$ |
|-------------------------------|------|------------|------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 5 | 6,785,567 | 5,361,478 |
| Trade and other receivables | 6 | 124,087 | 388,265 |
| TOTAL CURRENT ASSETS | | 6,909,654 | 5,749,743 |
| NON-CURRENT ASSETS | | | |
| Property, plant and equipment | 7 | 1,205,195 | 1,242,011 |
| Right-of-use assets | 8 | 46,365 | 141,719 |
| TOTAL NON-CURRENT ASSETS | | 1,251,560 | 1,383,730 |
| TOTAL ASSETS | | 8,161,214 | 7,133,473 |
| LIABILITIES | | | |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 9 | 1,466,341 | 1,945,383 |
| Borrowings | 10 | 42,701 | 96,670 |
| Employee benefits | 11 | 421,022 | 401,677 |
| TOTAL CURRENT LIABILITIES | | 1,930,064 | 2,443,730 |
| NON-CURRENT LIABILITIES | | | |
| Borrowings | 10 | 5,350 | 48,052 |
| Employee benefits | 11 | 69,724 | 51,276 |
| TOTAL NON-CURRENT LIABILITIES | | 75,074 | 99,328 |
| TOTAL LIABILITIES | | 2,005,138 | 2,543,058 |
| NET ASSETS | | 6,156,076 | 4,590,415 |
| EQUITY | | | |
| Reserves | 12 | 832,848 | 832,848 |
| Retained earnings | | 5,323,228 | 3,757,567 |
| TOTAL EQUITY | | 6,156,076 | 4,590,415 |

Statement of Changes in Equity

For the year ended 30 June 2021

| 2021 | Retained Earnings \$ | Asset Revaluation Reserve \$ | Total \$ |
|--------------------------------|-------------------------|------------------------------------|------------------|
| Balance at 1 July 2020 | 3,757,567 | 832,848 | 4,590,415 |
| Surplus for the year | 1,565,661 | - | 1,565,661 |
| Balance at 30 June 2021 | 5,323,228 | 832,848 | 6,156,076 |

| 2020 | Retained Earnings \$ | Asset Realisation Reserve \$ | Total \$ |
|--|-------------------------|------------------------------------|------------------|
| Balance at 1 July 2019 | 3,616,203 | 295,750 | 3,911,953 |
| Restatement due to adoption of AASB 16 | (1,764) | - | (1,764) |
| Balance at 1 July 2019 restated | 3,614,439 | 295,750 | 3,910,189 |
| Surplus for the year | 143,128 | - | 143,128 |
| Revaluation increment (decrement) | - | 537,098 | 537,098 |
| Balance at 30 June 2020 | 3,757,567 | 832,848 | 4,590,415 |

Statement of Cash Flows

For the year ended 30 June 2021

| | Note | 2021 \$ | 2020 \$ |
|---|------|-------------|-------------|
| CASH FLOWS FROM OPERATING ACTIVITIES: | | | |
| Receipts from customers | | 7,552,057 | 6,848,871 |
| Payments to suppliers and employees | | (7,253,199) | (6,564,641) |
| Interest received | | 25,663 | 67,003 |
| Receipt from grants | | 1,217,450 | 349,800 |
| Net cash provided by/(used in) operating activities | 16 | 1,541,971 | 701,033 |
| CASH FLOWS FROM INVESTING ACTIVITIES: | | | |
| Purchase of property, plant and equipment | | (18,516) | (62,998) |
| Net cash provided by/(used in) investing activities | | (18,516) | (62,998) |
| CASH FLOWS FROM FINANCING ACTIVITIES: | | | |
| Lease outflows | | (99,366) | (97,620) |
| Net cash provided by/(used in) financing activities | | (99,366) | (97,620) |
| Net increase/(decrease) in cash and cash equivalents held | | 1,424,089 | 540,415 |
| Cash and cash equivalents at beginning of year | | 5,361,478 | 4,821,063 |
| Cash and cash equivalents at end of financial year | 5 | 6,785,567 | 5,361,478 |

Notes to the Financial Statements

For the year ended 30 June 2021

The financial report covers Multicultural Care Limited an individual entity. Multicultural Care Limited is a not for profit limited by guarantee for-profit Company limited by shares, incorporated and domiciled in Australia.

The functional and presentation currency of Multicultural Care Limited is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

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

COVID-19 Impact on the use of estimates and assumption

While the effects of COVID-19 do not change the significant estimates, judgements and assumptions in the preparation of financial statements, it has resulted in increased estimation uncertainty and application of further judgement within those identified areas.

2 Summary of Significant Accounting Policies

(a) Revenue and other income

Revenue from contracts with customers

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

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

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

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

Interest revenue

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Government Grants

A number of the Company's programs are supported by grants received from the federal, state and local governments. If conditions are attached to a grant which must be satisfied before the Company is eligible to receive the contribution, recognition of the grant as revenue is deferred until those conditions are satisfied. Where a grant is received on the condition that specified services are delivered to the grantor, this is considered a reciprocal transaction. Revenue is recognised as services are performed and at year end a liability is recognised until the service is delivered.

Other income

Other income is recognised on an accruals basis when the Company is entitled to it.

(b) Income Tax

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

(c) Goods and services tax (GST)

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

Receivables and payable are stated inclusive of GST.

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

(d) 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.

Land and buildings

Land and buildings are measured using the revaluation model.

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

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

(e) Financial instruments

Financial instruments are recognised initially on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

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 assets.

Classification

On initial recognition, the Company classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss – FVTPL
- fair value through other comprehensive income – equity instrument (FVOCI – equity)
- fair value through other comprehensive income – debt investments (FVOCI – debt)

Financial assets are not reclassified subsequent to their initial recognition unless the Company changes its business model for managing financial assets.

Amortised cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

The Company's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

Fair value through other comprehensive income

Financial assets through profit or loss

All financial assets not classified as measured at amortised cost or fair value through other comprehensive income as described above are measured at FVTPL.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- Financial assets measured at amortised cost

When determining whether the credit risk of a financial assets has increased significant since initial recognition and when estimating ECL, the Company considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Company's historical experience and informed credit assessment and including forward looking information.

The Company uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Company uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company to actions such as realising security (if any is held); or
- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Company in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

Trade receivables and contract assets

Impairment of trade receivables and contract assets have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Company has determined the probability of non-payment of the receivable and contract asset and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Other financial assets measured at amortised cost

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial liabilities

The Company measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Company comprise trade payables and lease liabilities.

(f) Cash and cash equivalents

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

(g) Leases

(i) Right-of-use asset

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

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

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

(ii) Lease liability

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

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term. Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

Exceptions to lease accounting

The Company has elected to apply the exceptions to lease accounting for short-term leases (i.e. leases with a term of less than or equal to 12 months). The Company recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

(h) Employee benefits

Provision is made for the Company'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.

(i) Adoption of new and revised accounting standards

The Company has adopted all standards which became effective for the first time at 30 June 2021, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company.

3 Critical Accounting Estimates and Judgements

The directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates – receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

4 Revenue and Other Income

| | 2021 \$ | 2020 \$ |
|--------------------------------------|------------------|------------------|
| – HCP – subsidies and contributions | 3,273,157 | 2,999,996 |
| – CHSP – subsidies and contributions | 2,072,168 | 1,424,698 |
| – NDIS income | 415,185 | 533,625 |
| – Community visitor schemes program | 63,000 | 63,000 |
| – STRC income | 759,588 | 588,861 |
| – SLHD income | 537,039 | 53,303 |
| – CIP income | 119,612 | 122,290 |
| – Veteran affairs income | 130,939 | 129,752 |
| – Other subsidies and grants | 64,208 | 115,246 |
| – Jobkeeper income | 1,217,450 | 349,800 |
| Total Revenue | 8,652,346 | 6,380,571 |
| Other Income | | |
| – insurance recoveries | 56,139 | 53,994 |
| – Interest received | 25,663 | 67,003 |
| – rental income | 23,349 | 33,800 |
| – retention bonus income | 86,040 | - |
| – other income | 65,231 | 94,992 |
| | 256,422 | 249,789 |

5 Cash and Cash Equivalents

| | | |
|--|------------------|------------------|
| Cash on hand | 750 | 752 |
| Westpac Bank | 41,335 | 30,502 |
| St George Fixed Deposit | 1,271,094 | 1,263,016 |
| Westpac – Cash Reserve Account | 1,094,095 | 1,085,074 |
| Westpac – Term deposit | 3,312,791 | 1,922,980 |
| Westpac – Term deposit 2 | 1,063,795 | 1,056,198 |
| Westpac debit card | 1,707 | 2,956 |
| Total Cash and Cash Equivalents | 6,785,567 | 5,361,478 |

6 Trade and other receivables

| | 2021 \$ | 2020 \$ |
|--|----------------|------------|
| CURRENT | | |
| Trade receivables | 163,335 | 133,231 |
| Provision for impairment | (81,027) | - |
| | 82,308 | 133,231 |
| Deposits refundable | 8,250 | 8,250 |
| Government subsidies receivable | - | 202,800 |
| Prepayments | 28,894 | 42,584 |
| Loan to employee | 4,209 | 1,400 |
| Other receivables | 426 | - |
| Total current trade and other receivables | 124,087 | 388,265 |

7 Property, plant and equipment

| | | |
|--|------------------|-----------|
| LAND AND BUILDINGS | | |
| At cost | 1,360,226 | 1,360,226 |
| Accumulated depreciation | (244,467) | (224,721) |
| Total land and buildings | 1,115,759 | 1,135,505 |
| PLANT AND EQUIPMENT | | |
| Furniture, fixtures and fittings | | |
| At cost | 143,212 | 138,485 |
| Accumulated depreciation | (125,593) | (122,326) |
| Total furniture, fixtures and fittings | 17,619 | 16,159 |
| Motor vehicles | | |
| At cost | 54,820 | 54,820 |
| Accumulated depreciation | (16,399) | (9,546) |
| Total motor vehicles | 38,421 | 45,274 |
| Computer equipment | | |
| At cost | 93,745 | 79,956 |
| Accumulated depreciation | (60,349) | (34,883) |
| Total computer equipment | 33,396 | 45,073 |
| Total plant and equipment | 89,436 | 106,506 |
| Total property, plant and equipment | 1,205,195 | 1,242,011 |

(a) 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:

| | Buildings \$ | Furniture, Fixtures and Fittings \$ | Motor Vehicles \$ | Computer Equipment \$ | Total \$ |
|---------------------------------------|------------------|---|-------------------------|-----------------------------|------------------|
| Year ended 30 June 2021 | | | | | |
| Balance at the beginning of year | 1,135,505 | 16,159 | 45,274 | 45,073 | 1,242,011 |
| Additions | - | 4,727 | - | 13,789 | 18,516 |
| Depreciation expense | (19,746) | (3,267) | (6,853) | (25,465) | (55,331) |
| Balance at the end of the year | 1,115,759 | 17,619 | 38,421 | 33,396 | 1,205,195 |

8 Right-of-use assets

| | Buildings \$ | Office Equipment \$ | Total \$ |
|--------------------------------|-----------------|---------------------------|---------------|
| Year ended 30 June 2021 | | | |
| Balance at beginning of year | 131,447 | 10,272 | 141,719 |
| Depreciation charge | (92,786) | (2,568) | (95,354) |
| Balance at end of year | 38,661 | 7,704 | 46,365 |

| | Buildings \$ | Office Equipment \$ | Total \$ |
|-----------------------------------|-----------------|---------------------------|----------------|
| Year ended 30 June 2020 | | | |
| Change due to adoption of AASB 16 | 278,358 | 12,841 | 291,199 |
| Depreciation charge | (146,911) | (2,569) | (149,480) |
| Balance at end of year | 131,447 | 10,272 | 141,719 |

9 Trade and Other Payables

| | 2021 \$ | 2020 \$ |
|-------------------------------------|------------------|------------------|
| CURRENT | | |
| Trade payables | 100,974 | 155,765 |
| GST payable | 22,627 | 11,528 |
| PAYG payable | 39,350 | 52,547 |
| Superannuation payable | 28,513 | 32,978 |
| STRC clients | 33,751 | 118,740 |
| Subsidies in advance | 1,093,078 | 1,418,038 |
| Other payables and accrued expenses | 148,048 | 155,787 |
| | 1,466,341 | 1,945,383 |

10 Borrowings

| | | |
|-------------------------------------|---------------|---------------|
| CURRENT | | |
| Secured liabilities: | | |
| Lease liability secured | 42,701 | 96,670 |
| | 42,701 | 96,670 |
| Total current borrowings | 42,701 | 96,670 |
| NON-CURRENT | | |
| Secured liabilities: | | |
| Lease liability secured | 5,350 | 48,052 |
| | 5,350 | 48,052 |
| Total non-current borrowings | 5,350 | 48,052 |

11 Employee Benefits

| | | |
|--------------------------------|----------------|----------------|
| Current liabilities | | |
| Long service leave | 111,926 | 91,610 |
| Provision for annual leave | 309,096 | 310,067 |
| | 421,022 | 401,677 |
| Non-current liabilities | | |
| Long service leave | 69,724 | 51,276 |
| | 69,724 | 51,276 |

12 Reserves

| | | |
|----------------------------------|----------------|----------------|
| Asset revaluation reserve | | |
| Opening balance | 832,848 | 295,750 |
| Transfers in | - | 537,098 |
| Total | 832,848 | 832,848 |

13 Financial Risk Management

Objectives, policies and processes

The company is exposed to a variety of financial risks through its use of financial instruments.

The company's overall risk management plan seeks to minimise potential adverse effects due to the unpredictability of financial markets.

The company does not have any derivative instruments at 30 June 2021.

The board of directors have overall responsibility for the establishment of Multicultural Care Limited's financial risk management framework. This includes the development of policies covering specific areas such as interest rate risk, credit risk.

Risk management policies and systems are reviewed regularly to reflect changes in market conditions and Multicultural Care Limited's activities.

The day-to-day risk management is carried out by Multicultural Care Limited's finance function under policies and objectives which have been approved by the board of directors. The Chief Financial Officer has been delegated the authority for designing and implementing processes which follow the objectives and policies. This includes monitoring the levels of exposure to interest rate and foreign exchange rate risk and assessment of market forecasts for interest rate movements.

The board of directors receives monthly reports which provide details of the effectiveness of the processes and policies in place.

Mitigation strategies for specific risks faced are described below:

- The company does not hold any financial assets with terms that have been renegotiated, but which would otherwise be past due or impaired.
- The other classes of receivables do not contain impaired assets.

14 Members' Guarantee

The Company is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$ 10 each towards meeting any outstanding obligations of the Company. At 30 June 2021 the number of members was 10 (2020: 10).

15 Contingencies

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2021 (30 June 2020:None).

16 Cash Flow Information

(a) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

| | 2021 \$ | 2020 \$ |
|--|------------|------------|
| Profit for the year | 1,565,661 | 143,128 |
| Cash flows excluded from profit attributable to operating activities | | |
| Non-cash flows in profit: | | |
| – depreciation | 55,331 | 49,453 |
| – depreciation right of use asset | 95,354 | 95,354 |
| – interest on right of use asset | 2,697 | - |
| Changes in assets and liabilities: | | |
| – (increase)/decrease in trade and other receivables | 264,178 | (224,965) |
| – (increase)/decrease in right of use asset | - | (141,719) |
| – increase/(decrease) in subsidies in advance | (642,067) | - |
| – increase/(decrease) in trade and other payables | 163,025 | 666,973 |
| – increase/(decrease) in provisions | 37,792 | 112,809 |
| Cashflows from operations | 1,541,971 | 701,033 |

17 Events after the end of the Reporting Period

On 11 March, 2020, the World Health Organisation declared the outbreak of a respiratory disease caused by a new coronavirus as a “pandemic”. First identified in late 2019 and known now as COVID-19, the outbreak has impacted thousands of individuals worldwide. In response, many countries have implemented measures to combat the outbreak which have impacted global business operations. As of the date of issuance of the financial statement, the Company’s operations have been impacted. The Company continues to monitor the situation. No impairments were recorded as the carrying amounts of the Company’s assets are expected to be recoverable.

On the 18 August the Company disposed of a property at South Parade, Campsie. Settlement for the property took place on 13 October 2021

Except for the above, no other matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

18 Statutory Information

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

**Suite 30, 532 Canterbury Road
Campsie, NSW 2194**

Directors' Declaration

The directors of the Company declare that:

1. The financial statements and notes, as set out on pages 6 to 21, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, and:
 - a. comply with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not for profits Commission Regulation 2013; and
 - b. give a true and fair view of the financial position as at 30 June 2021 and of the performance for the year ended on that date of the Company.
2. In the directors' opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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



Emanuel Valageorgiou
Director

Dated this 28th day of October 2021

Independent Audit Report on Multicultural Care Financial Report 2020–21



Bentleys Sydney Audit Pty Ltd

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Multicultural Care Limited

ABN: 77 985 958 011

Independent Audit Report to the Members of Multicultural Care Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Multicultural Care Limited (the Company), which comprise the statement of financial position as at 30 June 2021, and the statement of profit or loss and other comprehensive income, 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' declaration.

In our opinion, the financial report of Multicultural Care Limited is in accordance with Division 60 of the *Australian Charities and Not-for-Profits Commission Act 2012* (ACNC Act) including:

- i. giving a true and fair view of the Company's financial position as at 30 June 2021 and of its performance for the year then ended; and
- ii. complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-Profits Commission Regulation 2013*.

Basis of Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of the Directors for the Financial Report

The directors' of the Company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the ACNC Act, and for such internal control as the Company's directors determine 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 financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.



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

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.

The Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements. 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 matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.



Michael Payne
Director
Sydney



BENTLEYS SYDNEY AUDIT PTY LTD
Chartered Accountants

Date: 5 November 2021

Glossary of Shortened Terms

| Term | Full name | Meaning |
|-------------------|---|--|
| AACC | Australian Aged Care Collaboration | A group of six aged care peak bodies: Aged & Community Services Australia (ACSA), Anglicare Australia, Baptist Care Australia, Catholic Health Australia, Leading Age Services Australia (LASA) and UnitingCare Australia, representing more than 1000 providers |
| ACAR | Aged Care Approvals Round | |
| ACAT | Aged Care Assessment Team | |
| ACPEG | Aged Care Provider Engagement Group | Enables nominated aged care providers to workshop, influence, suggest and engage with the Department of Human Services (DHS), the Department of Health (Health) and the Department of Veterans' Affairs (DVA) in relation to Aged Care |
| ACSA | Aged and Community Services Australia | Peak body representing church, charitable and community-based organisations providing accommodation and care services to older people, people with disability and their carers |
| ACWC | Aged Care Workforce Census | Conducted every four years by the Australian Government Department of Health (2003, 2007, 2012, 2016, 2020) |
| ACWIC | Aged Care Workforce Industry Council | |
| ACCOM Tool | Australian Community Care Outcome Measurement Tool | System (used by Multicultural Care) to monitor and measure outcomes of in-home client programs |
| ACNC | Australian Charities and Not-for-profits Commission | |
| AGM | Annual General Meeting | |
| BSS | Bilingual Support Staff | |
| CACP | Community Aged Care Packages | Former name of Home Care Packages (HCPs) |
| CALD | Culturally And Linguistically Diverse | |
| CASS | Chinese Australian Services Society | |
| CAU | Chinese Australian Union | |

| Term | Full name | Meaning |
|-----------------|---|--|
| CBMRC | Canterbury Bankstown Migrant Resource Centre | Now known as Metro Assist |
| CCQR | Community Care Quality Reporting | |
| CDC | Consumer Directed Care | Government-mandated approach (since mid-2015) to delivery of home care packages to Australian consumers. Aims to ensure greater flexibility and choice of provider and care services |
| CDSE | Community Development Support Expenditure scheme | A state-wide grants initiative funded by ClubsNSW |
| CHSP | Commonwealth Home Support Programme | Helps senior Australians access entry-level support services to live independently and safely at home (replaced HACC program in 2015) |
| CIP | Carer Investment Program | Initiative of NSW Department of Communities and Justice |
| CMADSS | Canterbury Multicultural Aged and Disability Support Service Incorporated | Multicultural Care's former name on being incorporated as an association in June 1993, until 2014 |
| ComPacks | Community Packages | Non-clinical packages of case management and home care services for patients being discharged from a NSW public hospital |
| COTA | Council On The Ageing | Peak advocacy body for older Australians |
| COVID-19 | Coronavirus disease 2019 | CO stands for corona, VI for virus, D for disease; first emerged in the year 2019 (ref. World Health Organization) |
| CQI | Continuous Quality Improvement process | |
| CRC | Commonwealth Respite for Carers Program | |
| CRMS | Client Relationship Management System | |
| DCJ | NSW Department of Communities and Justice | |
| DoH | Department of Health | |
| DoSS | Department of Social Services | |
| DVA | Department of Veterans' Affairs | |

| Term | Full name | Meaning |
|----------------------|---|---|
| ECC NSW | Ethnic Communities Council of NSW | Peak body representing 300 member organisations |
| ELDAC | End of Life Direction for Aged Care | A collective of five national bodies and three universities that provide training in the specialised palliative care of people living with serious illness |
| EOI | Expression Of Interest | |
| FECCA | Federation of Ethnic Communities' Councils of Australia | National peak body with 20 member organisations representing Australia's CALD communities and their organisations. |
| GAICD | Graduate Member of the Australian Institute of Company Directors | |
| GP | General practitioner | |
| Grandfathered | Provision in which an old rule or arrangement continues to apply, while a new rule will apply to all future cases | In aged care context, grandfathered clients received services prior to CHSP commencing in July 2015, including Commonwealth Home and Community Care, National Respite for Carers Program, Day Therapy Centres Program, Assistance with Care, Housing for the Aged Program |
| HACC | Commonwealth Health And Community Care | HACC was the predecessor to the Commonwealth Home Support Programme. It provided funding for services that support people to live at home, and administered the HACC National Service Standards to evaluate funded agencies |
| HCP | Home Care Packages | |
| HVSS | Home Visiting and Support Service | |
| IWDF | Inner West Disability Forum | IWDF is a network of members working in the disability sector in inner west Sydney |
| JP | Justice of the Peace | |
| LGA | Local Government Area | |
| LLLB | 'Living Longer, Living Better' | Australian Government aged care reform package (10-year plan), announced in 2012, in response to Productivity Commission report 'Caring for Older Australians' |

| Term | Full name | Meaning |
|-----------------|--|--|
| MAC | Multicultural Aged Care | Multicultural Care's former name from 2014 to 2017 |
| NDIA | National Disability Insurance Agency | |
| NDIS | National Disability Insurance Scheme | |
| NDS | National Disability Services | Peak body for disability services organisations |
| NESB | Non-English Speaking Background | |
| NFP | Not-for-profit organisation | |
| NGO | Non-Government Organisation | |
| NRCP | National Respite for Carers Program | |
| OAM | Medal of the Order of Australia | |
| OH&S | Occupational Health and Safety | |
| PCAN | Positive CALD Ageing Network | Coordinated by FECCA, PCAN members represent CALD older persons, their carers, community organisations, service providers and researchers, to provide input into FECCA's policy positions on ageing and aged care |
| PCA | Personal Care Assistant | |
| PPE | Personal Protective Equipment | |
| RAS | Regional Assessment Service | |
| RTO | Registered Training Organisation | |
| SLHD | Sydney Local Health District | |
| STRC | Short-Term Restorative Care programme | Funded by Department of Health |
| SWSLHD | South Western Sydney Local Health District | |
| TACP | Transitional Aged Care Program | A supported out-of-hospital care program that provides low-intensity in-home services for up to 12 weeks after discharge. It provides time for the older person to decide whether they will live at home with additional support from community care services, or need to consider going to a residential aged care facility |
| TAFE | Technical And Further Education | |

Acknowledgements

The important work of Multicultural Care—now and over the past 30 years—has been made possible with the assistance and backing of many individuals and organisations who support our shared values of cultural care and connection.

We recognise our dedicated staff and volunteers, our clients and their families, allied community organisations and cultural bodies, local councils and local Members of Parliament, and our management committee and board members, past and present, for giving their time and expertise to steer our organisation.

We gratefully acknowledge our funding bodies:

- Australian Government Department of Health
- Australian Government Department of Human Services
- Australian Government Department of Social Services
- Australian Government Department of Veterans' Affairs
- National Disability Insurance Agency
- NSW Department of Communities & Justice

We sincerely thank the people—staff, volunteers, clients and family members—who shared their personal stories for the case studies in this annual report.

Our 30th anniversary

Our special thanks go to the numerous people who provided background information and shared their recollections of our organisation's history for our 30th anniversary.

We would like to recognise all the people and organisations that made significant contributions to Multicultural Care's founding and development; however, it was discovered during the research process that our written records prior to 2003 are sparse, so we accept it is inevitable there will be some inaccuracies and omissions.

We welcome input from anyone—staff, executives, clients, volunteers, community organisations, government departments, etc—that can provide us with further insights, anecdotes, documents and photographs (and correct any errors) to help replenish our archives and prepare for our next major milestone. Please call us or get in touch via marketing@mc.org.au.

Our First Nations peoples

In the spirit of reconciliation, Multicultural Care acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

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➤ Flip over to read the special supplement:
Multicultural Care's Story from 1991–2021