

MID NORTH COAST Community Care Options

Annual Report



We Care

Our Vision



Leadership and innovation
Leadership and innovation

in the provision of high quality community care services on the
Mid North Coast.

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Our Mission



To support an improved **quality of life**
independence and **independence** for people living in
the community on the Mid North Coast.

Our Values

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This means we:

- Encourage **innovative** and dynamic **ideas**
- Promote **visionary thinking**
- Behave in a **positive** and **friendly** manner
- Provide **inspiration** and **encouragement**
- Act **ethically** and with **integrity**
- Are **open** and **honest** in our **communications** and share ideas
- **Accept responsibility** and admit mistakes
- Show **trust** and behave in a trustworthy manner
- Share **confidential** information only where needed and with the permission of the person whose information it is
- Protect and keep safe people's private information
- Set **achievable goals** and work towards them
- **Continually improve** our **performance** in all areas of operations, striving for **excellence**
- Show **leadership**
- **Reflect** on our **work practices** and systematically improve them
- Promote a learning culture and are **willing to learn**
- Support and promote **professional development**
- **Observe** collective and individual **boundaries**
- **Account for** our **actions**
- Provide a high **quality of services** which **improve** clients' and carers' quality of life
- Promote clients' **independence**
- Centre the service on clients' individual **choices**
- Support and **empower** people in their **decision making**
- Observe our **duty of care**
- Strive for **continuity** and **consistency** in service provision
- Treat people with **respect** and **dignity**
- Respect people's individual way of life, belief systems, culture and views
- Welcome **diversity** and behave in a **culturally sensitive** way
- Treat people **fairly**
- Uphold people's **rights** and support them to fulfill their responsibilities
- **Celebrate achievements**
- **Consult** people on issues concerning them

Who We Are

MNC Community Care Options -

- Is a not-for-profit Incorporated Association governed by a volunteer community based Board of Management.
- Receives funding from the Federal and New South Wales Governments to provide case management, support coordination and direct services to a range of people living in the community, including people with a disability, frail older people and their carers, and those being discharged from hospital. We can provide support to anyone requiring community care on a short or longer term basis with a fee for service arrangement.
- Provides services to members of the community who live in the Coffs Harbour, Bellingen and Nambucca Local Government Areas.
- Are the community care provider of choice on the Mid North Coast.
- Are culturally competent.



Our History

In 1990, Coffs Harbour City Council was funded by the Federal Government to establish and operate a Community Options Project for the Coffs Harbour, Bellingen and Nambucca Local Government Areas. The project provided support coordination and brokered service provision for up to 40 frail aged people and younger people with disabilities and their carers.

In 1996, the Council appointed an advisory Committee – a volunteer Board of Management and this Committee became an Incorporated Association taking over the legal responsibilities of auspicing the project. The new organisation was named Mid North Coast Community Care Options.

The newly incorporated organisation was successful in its application to operate 30 Community Aged Care Packages. The Department of Health and Ageing approved additional packages over the next few years bringing the total number of Packages in 2005 to 96.

In 2000 the Organisation was selected to operate a 4-year pilot project to provide respite to carers of people who have challenging behaviour due to dementia under the Federal Government's National Respite for Carers Program (NRCP).

In January 2000 the Organisation started employing their own field staff in the Coffs Harbour and Bellingen Local Government areas, and in the Nambucca LGA in 2004, ensuring our clients receive the highest standard of support from well-trained and resourced staff.

In 2002 we received expansion funding for carers of people with Dementia. The program allowed for 2 clients at any one time. The original 2000-2004 funding was extended and CCO now operate 2 respite programs funded under NRCP.

In 2002 we also received funding from the NSW Department of Ageing, Disabilities and Home Care to provide intensive support coordination/case management to younger adults with a disability, particularly to people with acquired Brain Injuries.

In 2003/2004 we were successful in two Aged Care Rounds and were approved to provide a total of 15 EACH packages. As this program has a strong nursing/allied health content, we formed an alliance with Mid North Coast Area Health Services and pioneered an agreement to contract nursing and allied health staff from them.

In February 2004, we moved into our own purpose built, fully wheelchair accessible new premises at 20 Curacoa St Coffs Harbour. This was made possible through partnership with Coffs Harbour City Council who leased us Crown Land and long term prudent.

In 2005 we opened an office in Urunga to better service Bellingen and Nambucca clients and support the local staff better.

In 2007 we opened our office located in the Seniors Centre in Woolgoolga.

CHAIRPERSON'S REPORT 2013

on behalf of CCO Board

Community Care Options continues to be a robust, progressive and community focused organisation. I am proud to present this the organisation's 17th Annual Report and to report that the organisation is moving forward from a position of strength.

The focus of our Strategic and Business Plans has been continuous improvement and value added service delivery to our clients, and performance targets in these areas were met within our financial resources.

Mid North Coast Community Care Options is not just a service provider; nor do we work in isolation. We are an inherent part of our community, valuing its people, their quality of life and their independence. We work with others to achieve a place where people feel valued, safe, secure and have a sense of belonging. We care about the outcomes that we achieve with and for others.

Our Achievements

Over the last 12 months we have continued to work with our partners and stakeholders, to ensure collaboration, best practice and innovation to achieve high quality outcomes for our clients and their families.

In achieving the aims of our strategic plan over the last 12 months we have continued our focus on the following areas -

- Quality and safety – ensuring effective risk management and remediation, implementing comprehensive quality systems; and reviewing work practices;
- Choice, flexibility and empowerment for clients and carers;
- Culturally appropriate services;
- Partnership and collaboration - improved communication and interaction with other community services;
- Transparency and accountability - maintained sound business acumen; and maintained sustainability and growth;
- Learning and improvement – reviewed and improved our systems, practice and processes in all areas of service delivery and achieved a more skilled and well supported workforce;
- Innovation and professionalism - consolidated our sound reputation for the delivery of high quality services to people in need on the MNC;
- Teamwork;
- Community Engagement.

In recognising Community Care Options achievements over the last 12 months, I extend my thanks to all involved for supporting us to be a strong, viable, client focussed community organisation.

Community is a place for all

We have entered an exciting period in community care. Although one, not without uncertainty. An ageing Australian population means increased demand in the aged care sector and in particular the community care sector. Government reforms aimed at addressing increased demands are currently being implemented and will roll out over the next few years. These include - a new front end or gateway to aged care; the separation of disability and aged funding under the HACC program (1.7.2012); a move away from packaged care as it is currently funded and delivered. The disability sector also is trialing new models of support through individualised funding packages and the new National Disability Insurance Scheme. Community Care will be challenged by an increased need for flexibility; increased competition; and a greater emphasis on customer choice and entitlement. MNC Community Care Options is well positioned to maximise these opportunities.

Our success is inherently about people.

The people to whom we provide a service – their quality of life and their achievements. The people - our staff - who on a daily basis demonstrate dedication, skills and motivation to make a difference to the outcomes we achieve.

What sets us apart from other providers?

- We are not just a provider we are a community and part of our wider community
- We value quality and flexibility over profit
- The quality of our staff – both their skills and training and their values and commitment
- Assessing the competencies of our staff, keeping up to date with best practice
- Innovation and leadership – other providers come to us for our assistance, ideas and information. We are happy to share our knowledge and expertise.
- Understanding the needs of our clients and providing more than just standard services, we provide value added care.

The big difference between CCO and other providers is that 'We Care'.

We care about individuals, we care about families, we care about carers, and we care about the impact that we have in our community. We care about outcomes.

Our Appreciation

I wish to acknowledge the following people who make Community Care Options the success that it is.

Our Clients – for choosing us as your service provider and for trusting us with your care and support. Community care can only be achieved in partnership and with trust and we will continue to seek your feedback and participation in providing quality services to meet your needs.

Our Staff – the Board acknowledges and thanks you for the commitment you make to our clients, putting their care foremost. Community care can be challenging due to the range of complex environments and client needs. Your commitment in bringing issues to the attention of management, to team work, and your professionalism, is applauded. It allows us to ensure a well planned and coordinated range of options for our clients.

Our Management Team – Deb, Lorraine, Liz, and Samantha are to be congratulated on their efforts in supporting staff, in ensuring effective systems and processes are in place, and in the encouragement of growth and change in the provision of high quality client services. Strong leadership is critical to achieving our vision. The management team goes above and beyond to ensure that the organisation meets its performance targets.

Our Board of Management - provide leadership, safeguard the organisation's interests, ensure accountability and long-term viability. Board Members volunteer their time to take on these roles and we are fortunate to have a wealth of experience and skills as well as the ongoing commitment from the members of Community Care Options Board. I would like to thank all members of the Board of Management for their outstanding efforts over the last 12 months.

I wish to acknowledge our funding bodies – the Federal Department of Health and Ageing, the NSW Department of Family and Community Services Ageing Disability and Home Care and the NSW Department of Health for their ongoing funding and support to ensure our viability in the provision of services to the people of the Coffs Harbour, Bellingen and Nambucca Local Government Areas.

We will continue to enact our vision – **leadership** and **innovation** by -

- embracing each opportunity;
- harnessing our strengths;
- accepting the challenges; and
- leading the way forward.

We will continue to support an inclusive and supportive community for all.



Jan Newland
CCO Board Chair

TREASURER'S REPORT

This year ended 30th June 2013, I am delighted to report another successful year. Along with the continued expansion of programs and services provided by the Mid North Coast Community Care Options, the organisation achieved a surplus of \$53,283.65

This is the fifth year in a row of achieving a modest surplus, a testimony to the good management, dedicated financial team & systems in place. This is even more impressive in view of the continued increase in turnover & expenditure, placing even greater need for prudential financial management.

Funding received from the Federal and State Governments in total grants received for the financial year were \$6,275,116.01 which was in line with last year.

These funds were for the various Programs & Packages including

Community Options Program
Connect
Community Aged Care Packages
National Respite for Carers Program
Compacts
Community Options Program
Community Aged Care Packages
Extended Aged care Packages

Surpluses accumulated of \$914,656.19 along with the considerable Grants received in advance, continues to place the Mid North Coast Community Care Options Inc, in a very sound position for the future.

I am very pleased to be involved with, and part of such a good organisation, contributing and supporting the Mid North Coast Communities. The Organisation is financially sound, and with the present leadership, I am confident it will continue to provide much needed and valuable essential services for the people within the Mid North Coast Community.

Warren Hughes
Treasurer
September 2013



GENERAL MANAGER'S REPORT 2013

Over the course of my working life I have held many positions, but none have given me as much satisfaction, pride and sense of achievement as being the leader of Mid North Coast Community Care Options. We are an organisation that strives for excellence and to show leadership and innovation in our field. We have achieved this with happy and satisfied clients and with competent professional staff who are proud of where they work and what they achieve.

September 2013 marks my 6th anniversary as the General Manager. I am pleased to report that 2012 - 2013 has been another successful year, with an increased number of clients supported and more services delivered. We continue to focus on continuous improvement, best practice and professionalism as the key to our success.

Community Care Options operates within an environment that is rapidly changing. There is a constant need to respond to new community issues and expectations. The manner in which governments interact with the sector and provide funding for programs is also changing. In response, Community Care Options constantly reviews its programs and support structures in order to maximise the delivery of high quality services when needed. We are entering an era of significant change and reform within the aged and disability sectors as we prepare for an unprecedented community care demographic.

These changes will bring new challenges – increased competition, changed funding models, increased demand, increased client choices and need for greater flexibility. There are opportunities for new models of care, increased partnerships, new relationships, and innovation. Feedback from clients and prospective clients across the sector is that increasingly people want to have the choice to stay living at home in the community for as long as possible.

Achievements in 2012/13

In the 2012/13 financial year Community Care Options provided services to some 1,784 clients across all of its programs. We provided approximately 126,105 hours of service to clients living in the Nambucca, Bellingen and Coffs Harbour local government areas.

We continued to focus on empowering lifestyle choices; being person centred and consumer directed; encouraging independence; promoting wellness and healthy ageing; preserving dignity; and working in partnership with our clients to achieve outcomes that meet their goals and aspirations. We continue to provide **personalised** services.

We have continued to maximise our funding to ensure the most effective level of care and support is delivered to our clients and maintained high occupancy rates on all programs. We have made system improvements which more efficiently and effectively focus our staff and other resources towards high quality service delivery.

In line with changes to funding parameters for aged and disability services we implemented structural changes with the creation of an additional Client Services Manager position. We now have a Clients Services Manager responsible for aged care programs and a Client Services Manager responsible for disability support programs. The focus of these positions is to ensure quality client services are delivered through effective intake, case management, planning, client review, stakeholder communication.

Property and Assets - we purchased our Urunga office and have refurbished this. We made some improvements to the physical layout of the Woolgoolga office and we painted and refurbished the Coffs Harbour office with ergonomic workstations to maximise available space. We upgraded some of the vehicles in our fleet.

We have once again provided significant training and development opportunities to our staff at all levels. The training and development of our staff is essential in ensuring that clients receive the kind of service they expect and are happy to receive and that skills keep pace with expectations and needs.

We completed the first round of competency assessment and skills observation processes for direct care staff.

All Case Managers attended Case Management Society of Australia (CMSA) workshop in preparation for certification as a Practicing Case Manager.

We developed a marketing campaign 'We Care' and have produced two TV commercials to promote the achievements of clients when they are able to access support.

With the assistance and generosity of our clients and a website designer we have developed a wonderful website, as well as arrived in the world of Facebook. We are engaging all types of media at all opportunities to establish our brand within the community.

We commenced our community engagement project. This project aims to raise awareness within the community of aged and disability issues, encourage collaboration between current sector services with each other and other services within the community. Around this theme a number of events are underway.

- Community Facilitator – supporting groups within the community to understand disability specific issues and to become ready to enable them
- Community Care Workshops – providing information to target groups
- Real People Real Choice Real Solutions Conference – discussion of reforms, issues, community development,
- We Care Day Festival – engage the community in celebration, promote 'care'.

We continued to offer value added support to our clients including -

Seniors Week events in Nambucca Heads, Sawtell, Coffs Harbour and Woolgoolga. These have become a much looked forward to event for both clients and staff. They provided an opportunity for clients of the organisation to come together to meet new people and enjoy some social interaction.

Our Friends of CCO meetings have renewed vigor and are well attended and enjoyed by clients. This is an important mechanism to inform and consult with clients. They understand our commitment to them and they feel engaged with and connected to our organisation as part of their community.

We commenced our men's group – MATES. Again with the assistance of clients and their willingness and desire to be involved in supporting this initiative. We hope to have a ladies group up and running in the next year. These are important programs that promote social inclusion and value.

I take this opportunity to celebrate the dedicated and hard working staff of Community Care Options. The whole CCO Team is to be congratulated on their efforts. My job is made so much easier because of the value you place on yours.

I would like to thank each and every one of you for your commitment to our clients, to the management team, to the organization and to your community. We work with each other and clients as a team to fulfill the organisation's mission and vision. Each part of that team is critical to its success. Thank you for the skills, ideas and diversity that you contribute.

Thank you to our Board of Management who give up their time and offer their significant and diverse skills and experience to support and give strategic direction to the organisation.

The Management Team – a big thank you to Lorraine, Liz, Samantha and more recently Dean - your hard work and leadership is much appreciated.

Case Managers - who listen actively to client's stories and assist them to assess their strengths and options and to make choices about their support; your empathy and commitment is outstanding

Coordinators who match organisational and client needs through rostering and coordination of support. What a fantastic job you do;

Support Workers – the faces of our organisation - who daily interact with clients and help them to remain independent; you have the most important role of all and fulfill it supremely;

Last but by no means least – the Administrative support staff who are essential to the flow of business at Community Care Options - Irena, Laura, Rose, Jess, Crystal, Kerri & Paula who recently joined us as Marketing Officer. Thank you all for your wonderful efforts.



Deb Ryan
General Manager

Together We Are a Community

Our Locations



COFFS HARBOUR OFFICE

20 Curacoa Street,
COFFS HARBOUR NSW 2450
Telephone: (02) 6650 2000
Fax: (02) 66514362
Email: admin@cco.net.au
Website – www.cco.net.au



URUNGA OFFICE

Shop 3-5, Morris Arcade,
8 Bowra St, URUNGA NSW 2455
Telephone: (02) 6655 7717
Fax: (02) 6655 5275

WOOLGOOLGA OFFICE

Senior Citizens Centre
6 Boundary St,
WOOLGOOLGA NSW 2456
Telephone: (02) 6654 0044
Fax: (02) 6654 0088



AREA of Service Provision

Local Government Areas of –

- Coffs Harbour
- Bellingen
- Nambucca Heads



BOARD OF MANAGEMENT

Chairperson - Jan Newland



Jan has been a CCO Board Member for 13 years and the Board Chair for the last two. Jan has a Masters of Medical Science (Clinical Epidemiology), a Bachelor of Arts (Psychology & Human Bioscience) and Certificate IV Workplace Training and Assessment. She is a Member of the Australian Institute of Company Directors, and Graduate and Member AICD. She recently retired from the position of CEO General Practice NSW.

Vice Chairperson - Mark Palmer

Mark operates a local business as a Chartered Accountant and brings significant skills and expertise to the Board in accounting, auditing, banking and finance. He has held various community based Board Member positions. Mark has been a CCO Board Member for 11 years.



Secretary - Garry Matthews



Garry is the CEO of Coffs Harbour Aboriginal Family Community Care Centre. He brings high level management skills, experience in the not for profit sector and culturally relevant perspectives to our Board. Garry has been a CCO Board Member for 4 years, has been a member of the SNAICC National Board for 15 years and the AbSec State Board for 12 years.

Treasurer - Warren Hughes

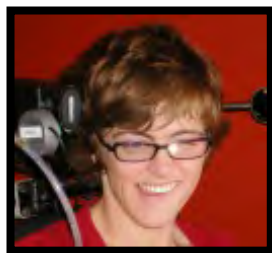
Warren has a Diploma in Accounting, Advance Commerce Certificate, Advance Banking Finance, is a Justice of the Peace NSW and Commissioner for Declaration ACT. He has been Treasurer of Coffs Gropers Rugby club for 10 Yrs. As the Manager of the local Bendigo Bank he brings extensive banking and finance experience and a commitment to supporting the local community. Warren has been a CCO Board Member for 6 years.



Board Members



Ron Davis – Ron brings a wealth of experience to the CCO Board. Ron was a Master Butcher and Company Director for 19 years, Partner & Managing Director Davis & Gibbs Pty Ltd for 6 years, the Liquor Licensee of Narellan Cellars. He has owned 3 farms - Joadja Marulan and Armidale. Ron has been retired for 20 years but has a hobby farm and vineyard. Ron has been a CCO Board Member for 4 years and represents the perspectives of carers.



Louisa Salmon – has been a CCO Board Member for 7 years. Prior to this she has been a client of the organisation. As a person living with a disability she brings unique client perspectives to the governance of the organisation. Louisa has a Bachelor of Psychology (Honours) and is currently undertaking further studies.

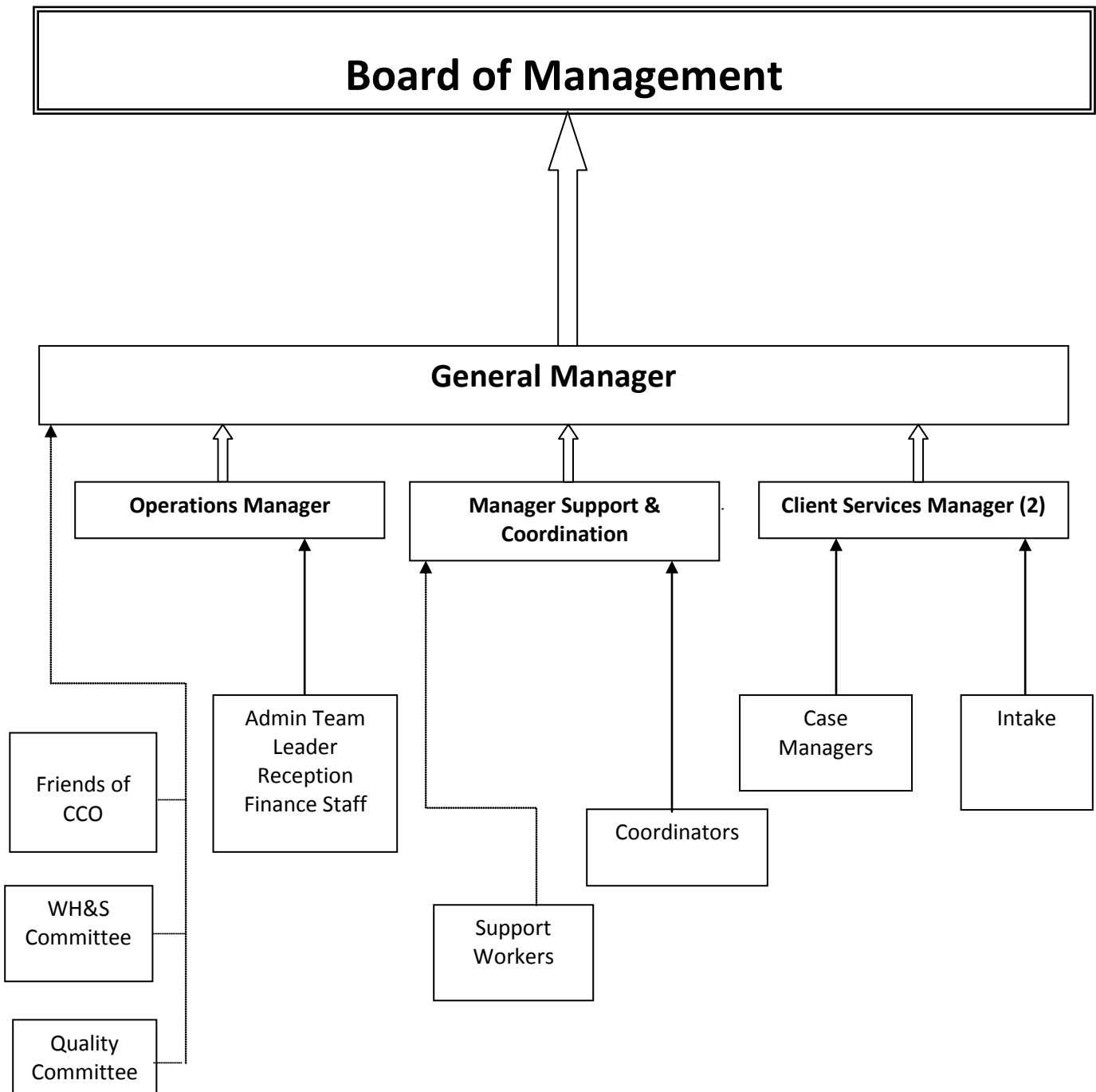
Mike Summerill – Mike fulfills the role of Public Officer for CCO. He has a Graduate Certificate in Public Sector Management, a Commerce Certificate (Accounting Procedures), a Diploma in Management, and a Diploma in Social Science (Public Housing, Management and Policy). Mike has worked in the public sector with Housing NSW for 35 years. He has recently retired from a Senior management position. He has extensive experience on many government and non government committees and organisations. He is an active member of the Rural Fire Service (RFS) and a Trainer and Assessor for RFS. Mike has been a CCO Board Member for 15 years.



Peter O'Brien – joined the CCO Board in 2012. He is a Qualified Accountant with 25 years experience and has also been the owner of small to medium business in Coffs in the Industrial Machinery Business. Whilst he is semi - retired he is currently working back in Business Administration.



Organisational Structure



Our People

Management Team

General Manager - Deb Ryan

Has been leading the organisation since 2007 and brings significant experience specifically in supporting people with a disability, and extensive management experience from other roles including the public welfare sector.



Operations Manager - Lorraine Chowdhury

Joined CCO in 2008 and has significant experience in financial management and accounting. She ensures effective and efficient management of financial records, assets, property and administrative support for the organisation.



Manager Support & Coordination - Liz Anscombe



Liz commenced her employment with CCO in 2005 as a Support Worker. She went on to work as a Case Manager before accepting a position as Intake Manager for CCO. In 2011, Liz commenced working as Manager Support and Coordination. Liz is responsible for providing support and supervision to our 100 direct care staff and our rostering team. Liz is passionate about sharing the skills and experiences she's learned from various roles within the organisation to support others. Liz loves a challenge and thrives on problem solving.

Client Services Manager - Aged Care - Samantha Stewart

Samantha has recently completed a Bachelor Social Science majoring in Social Welfare & Community Development. Samantha has developed extensive knowledge and experience of Aged Care services since commencing with Community Care Options more than 11 years ago. Samantha is responsible for ensuring quality service delivery and management of Aged Care programs to our clients and their carers.



Client Services Manager - Disability - Dean Evers

Dean joined our organisation in June 2013. Dean has Bachelor's Degree in Social Science from Southern Cross University and other tertiary qualifications in Business Management and Community Development. He has previous experience in CEO and senior management roles in not for profit community service organisations. He has also worked in child protection and Out of Home Care.



Marketing Officer

Paula Dowd



Management Support

Kerri Mockett



Intake Coordinator

Lee Fletcher

Aged Care Team – Case Managers



Liz Sale



Denise Hughston



Donna Capewell



Jo Rice



Ann Mackerras



Karen Walker



Vicky Shaw



Kate Leary



Steve Bullock

Compacts Team – Case Managers



Htay Matete



Jodie Herbert



Tracey Shannon

Disability Care Team – Case Managers



Cath Winn



Kathy Newton



Katherine Miller

Jason Pell



Helen Fry



Leonnie Davidson



Case Managers - Casual



Usha Kumbla



Joseph Maiambere



Kate Warner



Marian Handan



Theo Guard



Doug White



Nancy Kirkwood

Coordinators



Susan Brain
Left us in
December
2012



Margaret Dorsett



Sally Cooper



Linda Thomas



Brian Chandler



Ligaya Barwise



Lynn Prince



Kerry Marsh



Belinda Gilbert



Rowan Lehr
(casual)

Administration Staff



Laura Revnolds



Crvstal Havward



Rose Law



Irena Brooks

SUPPORT WORKERS

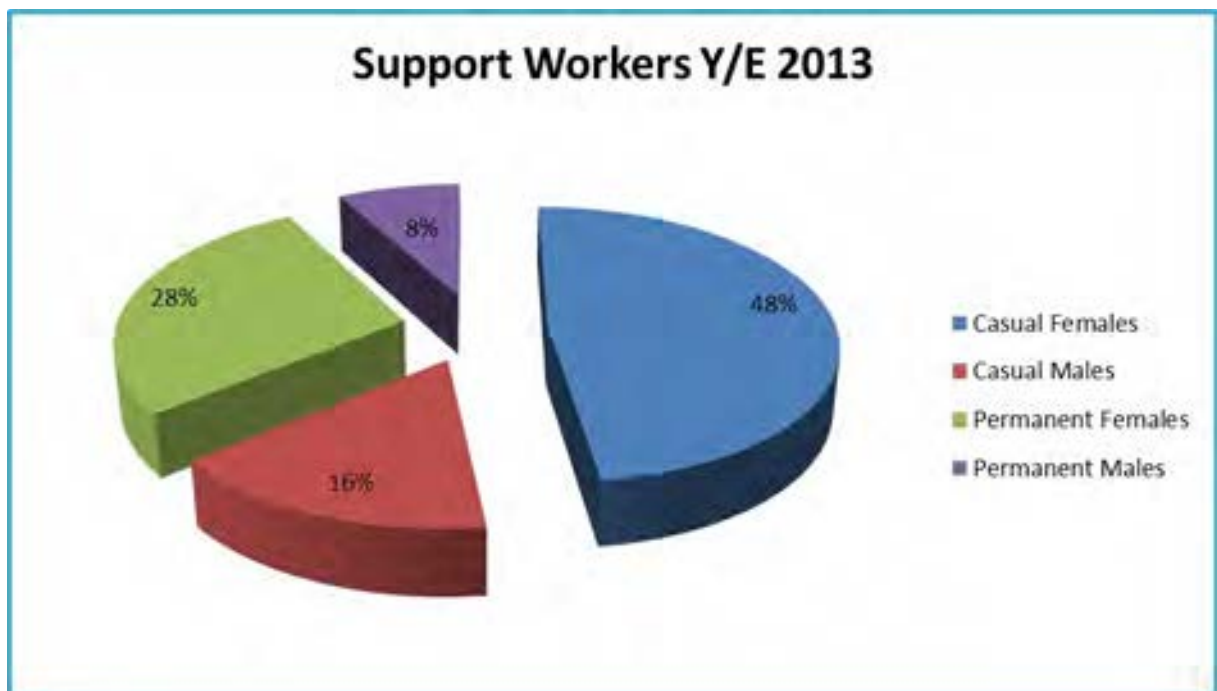
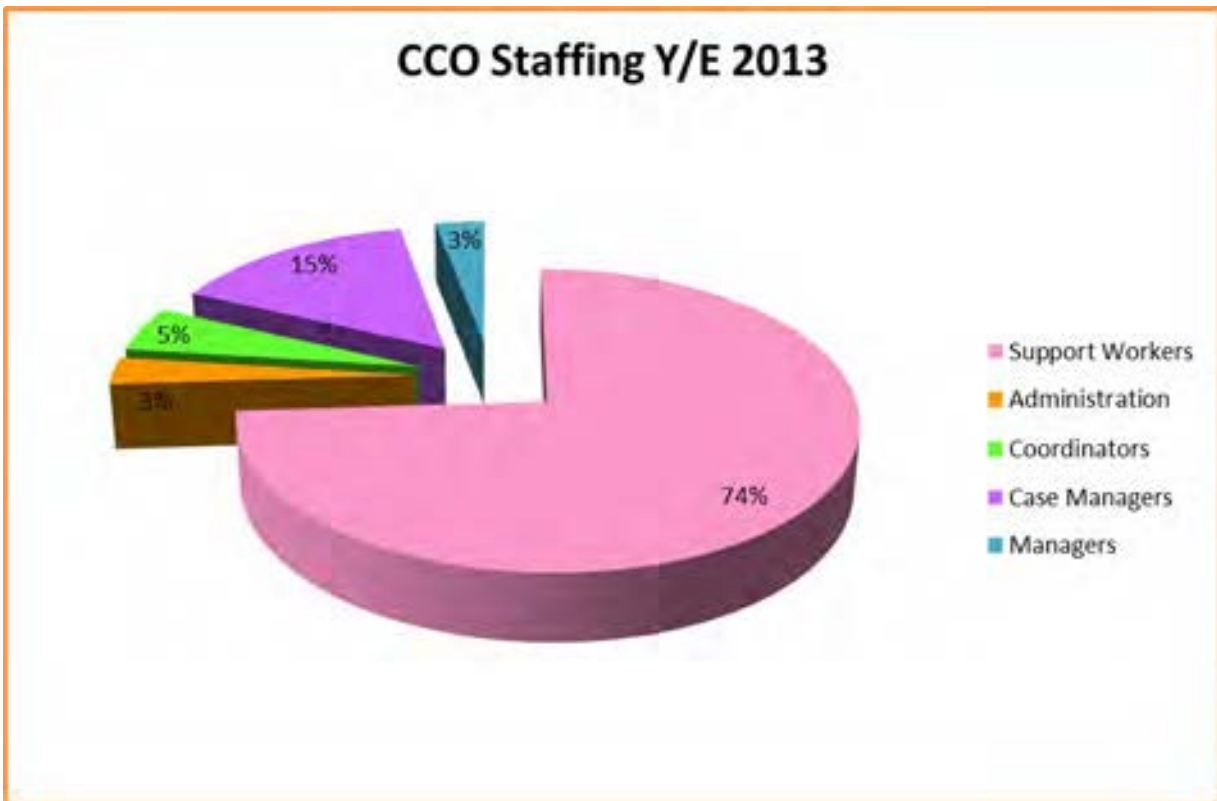
Urunga	Coffs Harbour		Woolgoolga
Kirstene	Elene	Jennifer M	Marlene
Rosalie A	Jennifer A	Jasmine	Christine
Karen	Evan	Kathie	Janice
Deborah A	Jennifer A	Ruth	Richard
Karyn	Vanessa	Dawn	Judith
Wendy	Christine B	Stanley	Dusty
Joseph	Anita	Andrea	Jennifer
Debra C	Ligaya	Elaine	Ceri
Rusty	Angel	Patricia	Helen G
Brett	Sally	Judy	Susan
David	Michelle	Brooke	Rosemary
Judith	Michael B	Grahame	John
Christine	Donna B	Victor	Peter
Simone	Susanne	Pamela	Tracey
Patricia	Dawn B	Grant	Linda
Veronica	Racheal	Cathie	Cyrus
Anne	Janet	Nicholas	Catherine
Geoff	Carol	Beejay	Dennese
Dru	Kathleen	Christopher	Helen
Nadine	Lester	Mark	Kay
Roger	Diann	Robert	Kim
Gaye	Maree G	Melissa	Greg
Donna	Annette	Deborah S	Sue
Lynley	Doug H	Dorjee	Vicki
Vikki	Peta	Kerrie	Margriet
Stephen	Maree	Rosalie	Samantha
Lesley	Caryl	Susan	Louise
Hilary	Genelle	Joanne	Doug
Opal	Kate K	Corey	Carolina
Rhonda	Colleen	John	
Amanda	Irene	Janette	
Elvira	Jenny	Michael M	
Narda	Paul	Gaylene	
Raylene	Gary	Danielle	
Rahlene	Paul LS		
Lorelle			
John			
Cathy WS			
38	69		29



The Fantastic Direct Care Team



Staff Demographics



THE FACES OF CCO – AT WORK



Kerrie and Kerry - coordinating care



Joseph, Irena and Jess manning the office



Some days are high. Katherine on the trapeze



Office Christmas Party



You never know what a day will bring. Karen, Steve and friend.



Liz having a good day
Michael & Margaret

And at play!!

**CCO Christmas Party 2012 - was a blast from the past with a 60's theme.
If you missed out then you missed out on lots of fun.**





RESOURCES

Community Care Options receives funding from a number of sources –

**The Department of Human Services – Family and Community Services
Ageing, Disability and Home Care (ADHC)** funds CCO under a number of programs

- The Community Options Program (COP) - under the Home and Community Care (HACC) Program for people with a disability under the age of 65 and carers.
- The Disability Services Program (DSP) for the Connect program's case management.
- The Attendant Care Program for a number of individuals with very high support needs.
- Young People In Residential Aged Care (YPIRAC) Program.

The Australian Government's Department of Health and Ageing, funds the Community Aged Care Packages (CACAP) and the Extended Aged Care at Home (EACH) Packages under its Flexible Care program.

CCO receives an allocation of funding under the National Respite for Carers Program (NRCP) for our Community Respite Service (CRS).

NSW COPS INC - provides funding for our Compacts program on behalf of the Ministry Of Health.



In July 2012 we re-structured our client service delivery team to align with the split of HACC funding and the clear separation of responsibility for aged care to the federal government and the support of people under 65 years to the state government. Samantha Stewart – Client Services Manager Aged Care took on the leadership of the aged care service team and has done an excellent job in supporting them to achieve results, outcomes and improvements across all of our aged care programs – CACP, EACH, CDC, COP Aged, NRCP, TACS; as well as building team work and collaboration. Achievements include managing the transition of HACC funding separation; reviewing CDC approaches; implementing improved systems and processes; and facilitating great client outcomes.

AGED CARE PROGRAMS



AGED CARE TEAM BUILDING DAY

COMMUNITY AGED CARE PACKAGES (CACP)

CCO receives funding currently for 141 CACP packages. These packages of support are for clients who have been assessed as having a low level of support needs.

199 clients were supported through the CACP program during the year, with 31,631 hours of direct services provided.

The Service includes –

- support planning and coordination
- referrals to other community and health services
- direct services – including personal care, domestic assistance, social support, transport, meal preparation
- help with equipment.

Community Aged Care Package Clients -

- are frail older people
- have complex care needs
- have been assessed by the Aged Care Assessment Team (ACAT) as qualifying for Low Band Level of Care
- prefer to continue living in their own home.

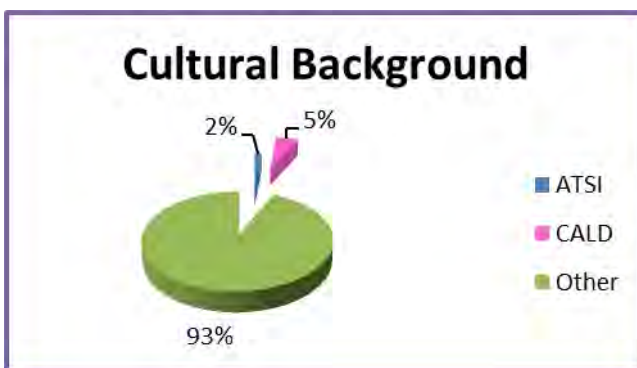
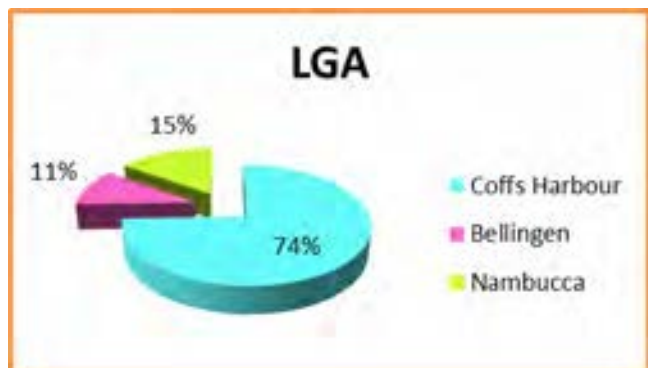
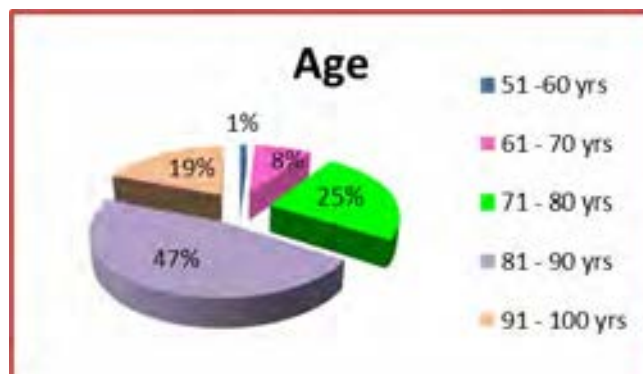
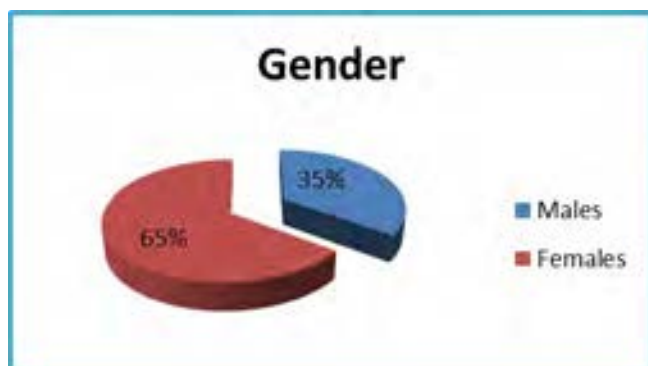
We give particular priority to people who -

- are geographically or socially isolated
- are from Aboriginal or Torres Strait Island descent (ATSI)
- are financially disadvantaged
- are from a culturally and linguistically diverse background (CALD)
- have dementia.

All our Clients have -

- complex care needs arising from interacting physical/medical, social and emotional needs;
- a need for a skilled assessment and comprehensive management of service delivery;
- a preference to remain living at home with appropriate and reliable supports;
- a need for ongoing monitoring and review of changing care needs.

The waiting list for this service is very high and indicative of a need for more services within the area.



Lovey and Doug enjoying an outing

COMMUNITY OPTIONS PROGRAM (COP AGED CARE)

The Community Options Program is CCO's first and longest running program. Commencing in 1990, it has been operating for 23 years. It is funded under the Home and Community Care (HACC) program.

This program has traditionally been jointly funded by the federal and state governments but delivered and administered through the state. In July 2012 the funding for the HACC program separated with the Dept. Health and Ageing assuming responsibility for funding people over the age of 65 and the state Dept. Family and Community services assuming responsibility for funding those under the age of 65 years. This meant a separation of our funding contract.

We have supported 272 clients on the COP program throughout the financial year.

The COP program is a case management service.

Case management includes undertaking a comprehensive assessment of client need; developing an individual support plan with the client; sourcing information; and referral to appropriate services within the community.

Case Managers assist clients to access the services they need within the community to maintain their independence. Our services are person centred, with our focus on empowerment, building on strengths and supporting the client with decision making and planning processes.

Some brokerage funds allow us to provide or purchase the services needed until longer term options can be sourced.

The Service includes -

- comprehensive assessment of needs and strengths
- risk assessment
- goal identification
- support planning and coordination
- referrals and linking to community and health services
- advocacy
- some direct services – support with personal care, domestic assistance, social support, respite, transport, meal preparation,
- help with equipment, home maintenance and modification.

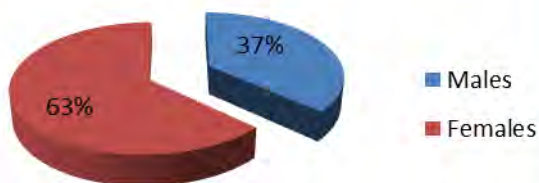
COP Aged Clients are people who -

- are aged over 65 years
- are frail
- are carers
- have complex support needs
- cannot be adequately supported by other services, their family or the community
- have changing needs which may require flexible responses
- require ongoing monitoring
- prefer to remain living in the community rather than entering residential care.

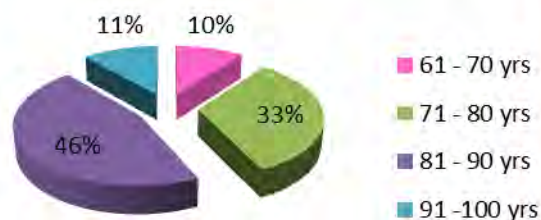
We give particular priority to people who -

- are geographically or socially isolated
- are from Aboriginal or Torres Strait Island descent (ATSI)
- are from a culturally and linguistically diverse background (CALD)
- are financially disadvantaged
- have dementia.

Gender



Age



LGA



Cultural Background





Laurie

Val

Val

Ruth



COMMUNITY RESPITE SERVICE (CRS)

Our funding for the National Respite for Carers Program was streamlined in this financial year. The Dementia Respite Service and the Community Respite Service funding being combined into one funding contract. This combined service is now called the Community Respite Service and receives funding to support 7,852 hours of respite care. This service provides respite to carers of both people with dementia and aged people with high care needs. A total of 8,195 hours of respite was delivered to a total of 57 carers in this financial year, 104.36% compliance with contract requirements.

Services provided under this program includes -

- comprehensive assessment of carer's and recipient's needs
- regular planned and unscheduled respite
- support planning and coordination
- referrals to other community services
- information and support.

Clients are -

- carers of people with dementia
- aged people with high care needs
- we allocate some places to working carers who are employed outside the home.

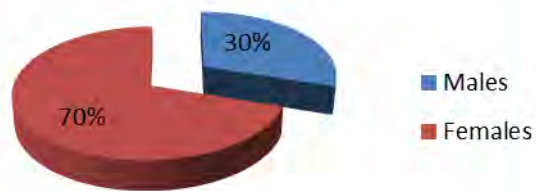
We give particular priority to people who -

- are geographically or socially isolated
- are from Aboriginal or Torres Strait Island descent (ATSI)
- are financially disadvantaged
- are from a culturally and linguistically diverse background (CALD).

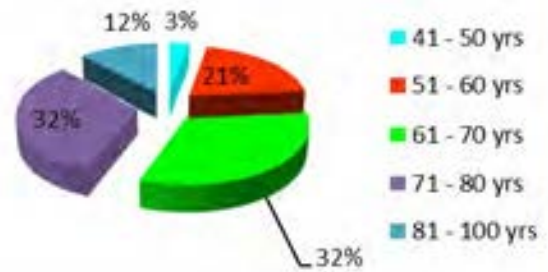
Some Carers are -

- sole carers with limited support networks
- frail, ill, stressed, have a disability or are getting little sleep
- have extensive other commitments
- are socially, culturally or geographically isolated
- are financially disadvantaged
- experiencing strain in their relationship with the person for whom they are caring or with other significant people.

Gender



Age



LGA



Cultural Background



Joanne & Jack

CONSUMER DIRECTED CARE (CDC)

In 2010 the Department of Health and Ageing tendered for the delivery of Consumer Directed Care models of aged care support. CCO was successful in receiving an allocation of 8 packages in the first round of a two year pilot program. 8 clients have been supported on this program in this financial year. CCO participated on the CDC Taskforce and in the evaluation process undertaken by the Department. The pilot program has now ended and these packages have transitioned to mainstream aged care packages, but will however still be offered on a CDC basis. All new packages from 1st July 2013 will be offered on a CDC basis.

Consumer (or self) directed care (CDC) is designed to give older people a greater say and more control over the design and delivery of community care services provided to them and their carers. The program allows older people and their carers to make choices about the types of care services they access and the delivery of those services, including who will deliver the services and when. Expected outcomes of the programs for both care recipients and carers include, a better quality of life due to increased independence and empowerment over the services they are receiving.

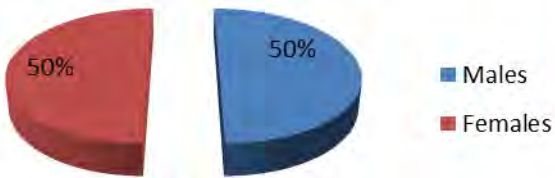
There have been three levels of subsidy for Consumer Directed Packaged Care places broadly aligned with the existing subsidy levels of the current Packaged Care programs, namely:

CDC Low Care - This level of care is similar to a CACP in that it provides care services to people living in the community who have low level complex care needs. It provides services such as personal care, social support, transport to appointments, home help, meal preparation and gardening. This package will in future be known as Home Care Level 2.

CDC High Care - This level is similar to an EACH package in that it provides care services to people living in the community who have high level complex care needs. It provides services such as nursing, domestic assistance, in-home respite, personal care, transport to appointments, and social support. This package will in future be known as Home Care Level 4.

CCO has 5 Low Care and 3 High Care CDC packages. We are currently not in receipt of packages at the third level being High Care Dementia.

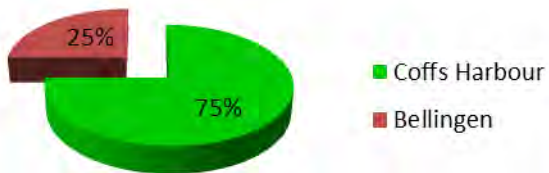
Gender



Age



LGA



Cultural Background



Chin & Jaya



EXTENDED AGED CARE AT HOME (EACH)

Community Care Options is funded for 15 EACH packages.

23 clients were supported on this program in 2012 – 2013, with 13,966 hours of direct support provided.

Waiting lists indicate there is still high demand for this program.

The Service includes -

- support planning and coordination
- referrals
- direct services, including nursing and allied health services
- help with equipment

EACH Package Clients -

- are older people with high and complex support needs
- have been assessed by the Aged Care Assessment team as requiring high band level of care

We give particular priority to people who -

- are geographically or socially isolated
- are from Aboriginal or Torres Strait Island descent (ATSI)
- are financially disadvantaged
- are from a culturally and linguistically diverse background (CALD)
- have dementia

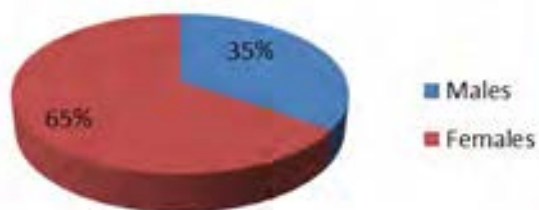
All our Clients have -

- complex care needs arising from interacting physical/medical, social and emotional needs;
- specific nursing or allied health care needs
- a need for a skilled assessment and comprehensive management of service delivery
- a preference to remain living at home with appropriate and reliable supports;
- a need for ongoing monitoring and review of changing care needs

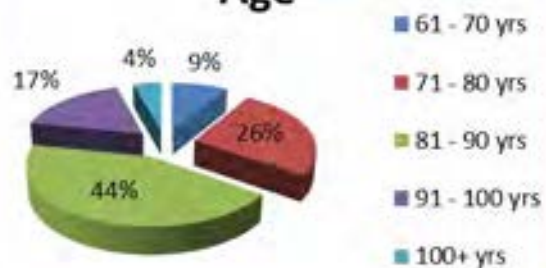
The nursing component of our service is brokered through the Coffs Harbour Health Campus ACTIP – community nursing program. We thank them for their professional support of our clients.

EXTENDED AGED CARE AT HOME (EACH) A SNAPSHOT

Gender



Age



LGA



Cultural Background

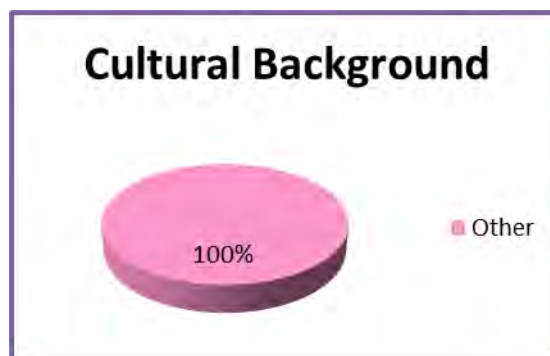
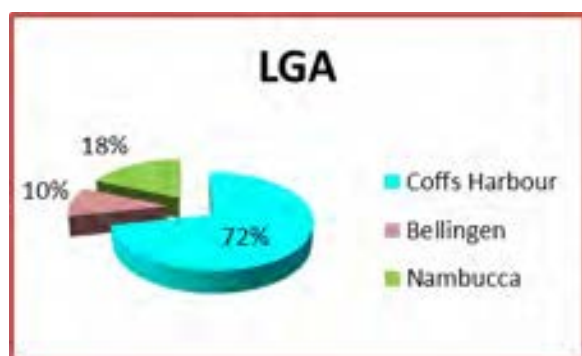
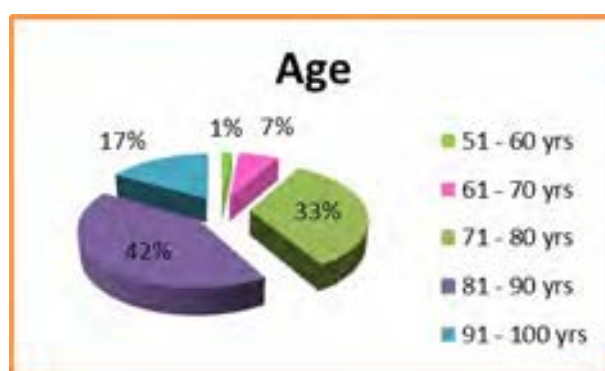
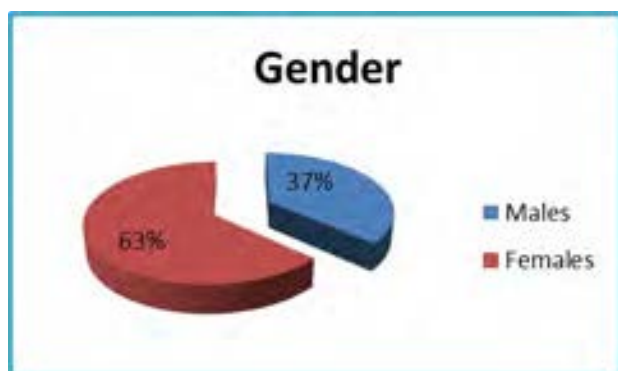


Arthur

TRANSITIONAL AGED CARE (TACS)

Community Care Options has a contract with the Local Health District (LHD) to provide direct support services for aged clients leaving hospital who require support for up to 12 weeks post discharge. We have provided support to 60 clients on this program this financial year.

Thank you to the Local Health District for its valuable partnership and for continuing to use CCO's services to effectively support their clients.





COP Team Building Day

DISABILITY SUPPORT PROGRAMS

The Client Services Manager – Disability Care Services position became responsible specifically for Compacts, COP, Connect, Attendant Care and the Personalised Support Program as of 1st July 2012. Whilst a relatively new team the Disability Services Team has effectively operated in a fast paced and complex environment (both client and sector) to achieve significant outcomes. Dean Evers has recently commenced as leader of this team and we welcome his knowledge and experience.



ATTENDANT CARE PROGRAM (ACP)

MNC Community Care Options commenced support of clients under the Attendant Care Program in 2010.

In the 2012/2013 financial year we supported 9 clients under this program.

The Attendant Care Program (ACP) provides portable, flexible and individualised support for people -

- with a physical disability and/or
- who need personal help to complete activities of daily living.

The Service includes –

- support planning and coordination
- the provision of direct support services particularly personal care and assistance with other activities of daily living
- ongoing monitoring and review of changing needs.

Attendant Care Program clients are -

- between 16 and 65 years old
- living in their own accommodation
- able to live in the community with a capped number of personal assistance service hours per week and access community support
- people with a physical disability whose needs can be met with personal care support and who can be involved in managing their care; or
- people with an Acquired Brain Injury (ABI) and a physical disability (or who need physical assistance to complete tasks of daily living); or
- people with a neurological degenerative condition.

Clients are assessed by ADHC to determine eligibility for this program. Support hours are generally between 25 and 50 hrs per week.

Total hours direct support provided under the Attendant Care Program was 11,510 hours.



Martin



Gender



Age



LGA



Cultural Background



COMMUNITY OPTIONS PROGRAM (COP)

The Community Options Program is CCO's first and longest running program. Commencing in 1990, it has been operating for 22 years. It is funded under the Home and Community Care (HACC) program. We have supported 267 clients on the COP program throughout the financial year.

The COP program is a case management service.

Case management includes undertaking a comprehensive assessment of client need; developing an individual support plan with the client; sourcing information; and referral to appropriate services within the community.

Case Managers assist clients to access the services they need within the community to maintain their independence. Our services are person centred, with our focus on empowerment, building on strengths and supporting the client with decision making and planning processes.

Some brokerage funds allow us to provide or purchase the services needed until longer term options can be sourced.

The Service includes -

- comprehensive assessment of needs and strengths
- risk assessment
- goal identification
- support planning and coordination
- referrals and linking to community and health services
- advocacy
- some direct services – support with personal care, domestic assistance, social support, respite, transport, meal preparation,
- help with equipment, home maintenance and modification.

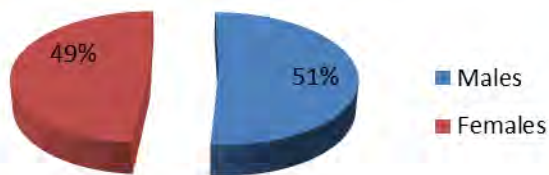
COP Clients are people who -

- have a disability
- are frail because of their age
- are carers of such a person
- have complex support needs
- cannot be adequately supported by other services, their family or the community
- have changing needs which may require flexible responses
- require ongoing monitoring
- prefer to remain living in the community rather than entering residential care.

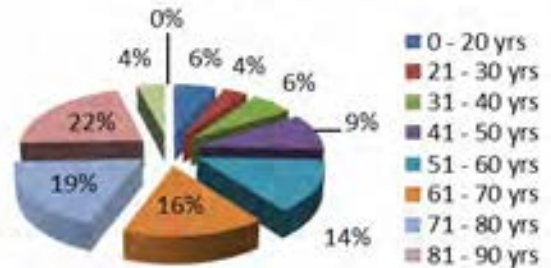
We give particular priority to people who -

- are geographically or socially isolated
- are from Aboriginal or Torres Strait Island descent (ATSI)
- are from a culturally and linguistically diverse background (CALD)
- are financially disadvantaged
- have dementia.

Gender



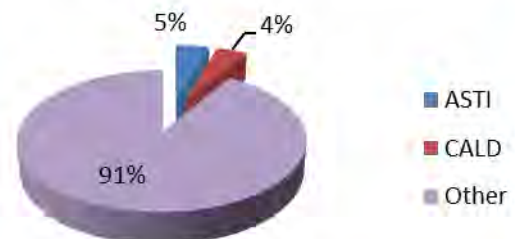
Age



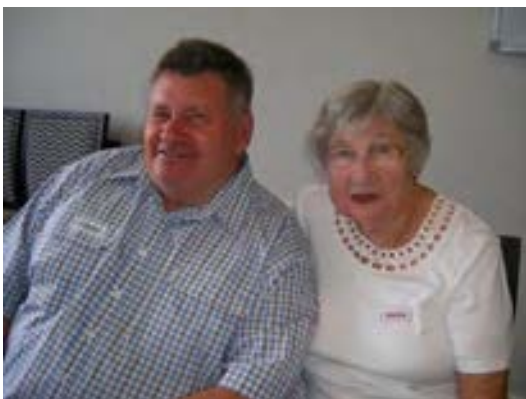
LGA



Cultural Background



Graeme and Moira



Belinda & Bradley



CONNECT

Connect is a short term case management program. Community Care Options supported 21 clients (753 hours) on the Connect Program in this financial year.

The Service includes –

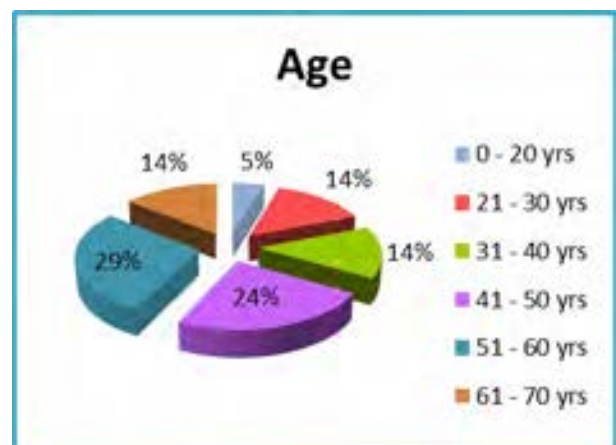
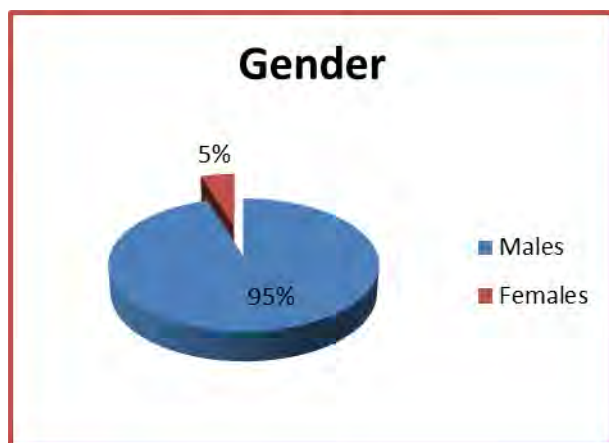
- comprehensive assessment of needs and strengths
- short term intervention and intensive support coordination
- goal setting
- identifying resources
- planning support
- referrals and linkages into other community services.

Connect Clients are –

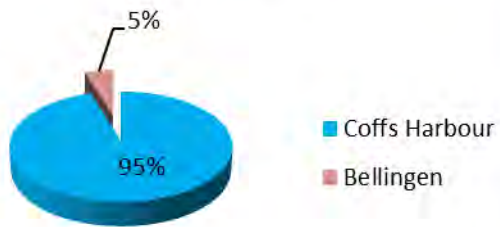
- people aged between 18 and 65
- who have a disability and complex support needs.

We give particular priority to people who –

- have an acquired brain injury
- are geographically or socially isolated
- are from Aboriginal or Torres Strait Island descent (ATSI)
- are financially disadvantaged
- are from a culturally and linguistically diverse background (CALD).



LGA



Cultural Background



Experiencing the Coffs Coast. Team Building Day.

PERSONALISED SUPPORT PROGRAM (PSP)

In 2010/2011 Community Care Options was successful in tendering for two individual funding packages under the YPIRAC program.

The Young People in Residential Aged Care Program (YPIRAC) funded by Ageing Disability and Home Care, recognizes the inappropriateness of placing younger people with a disability into residential aged care facilities and seeks to ensure an improved quality of life for these individuals within a community care setting.

We have been supporting a younger person with physical disabilities establish themselves back into their local community and reestablish links with their family following exit from inappropriate residential care.

The Personalised Support Program is about supporting clients with individual funding by tailoring support specifically to meet their needs. New models of funding are emerging which allow clients greater flexibility in directing and receiving care and support.

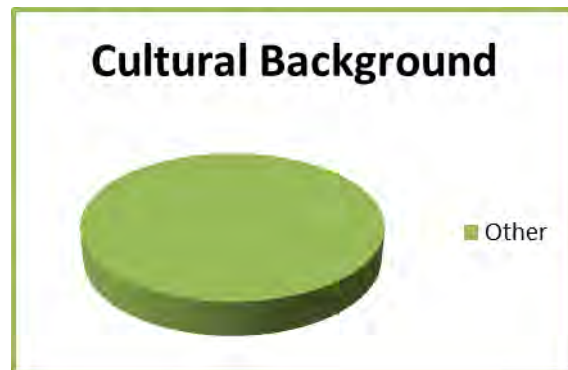
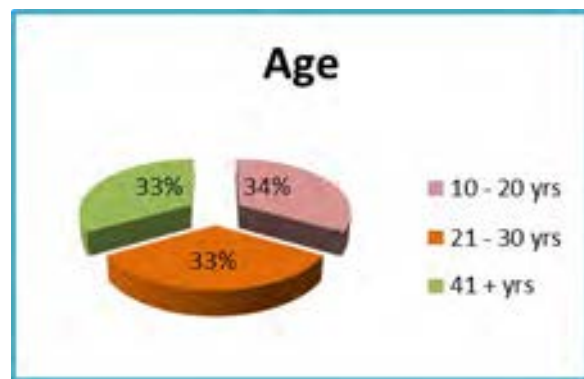
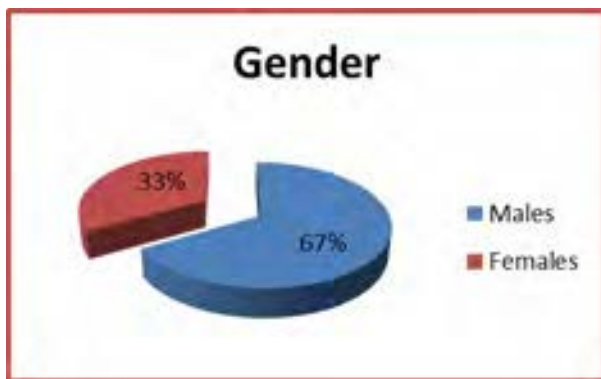
Community Care Options is an approved Accommodation panel provider for Dept Family & Community Services, is registered with the Voluntary Out of Home Care program to support younger people as needed; and is approved, competent and experienced in providing high level individualised and person centred support. eg Consumer Directed Care and Attendant Care programs. We ensure through effective clinical support and specialised training that our clients receive a professional and high quality individual experience.

We have successfully supported a number of clients to access individualised funding through the Supported Living Fund.

We currently have 3 clients on the personalised support program.

Two clients have significant health and medical support needs.

CCO also receives funding to provide day program support to one client (24hrs per week), ensuring engagement in meaningful and valued activities both within and outside of the home.



Donna



COMPACKS

The Compacks program operates through a partnership with NSW Health. The aim of the program is to support people leaving hospital for a period of up to 6 weeks, to optimise their recover and transition home and hopefully prevent readmission to hospital.

We have continued to experience growth in the number of Compack places and have further developed our existing collaborative relationship with the North Coast Area Health Service. We are now contracted by Community Options to deliver this program.

Some 803 people were supported through this program this financial year. Funding reflects different levels (Bands) of care and was delivered as follows –

- 72 people received assessment only and no direct support
- 167 people were supported within Band 1 – low level support
- 516 people were supported within Band 2 – moderate level of support
- 48 people were supported within Band 3 – higher level of support.

The program accepts referrals from a range of public hospitals.

The Service includes -

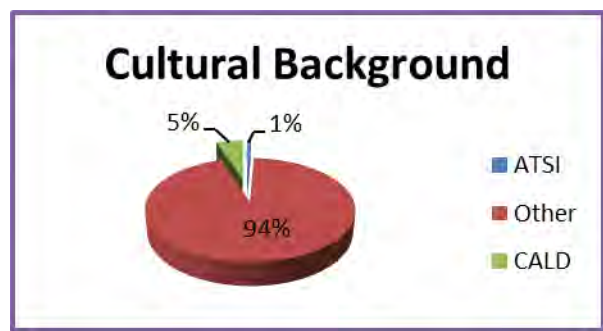
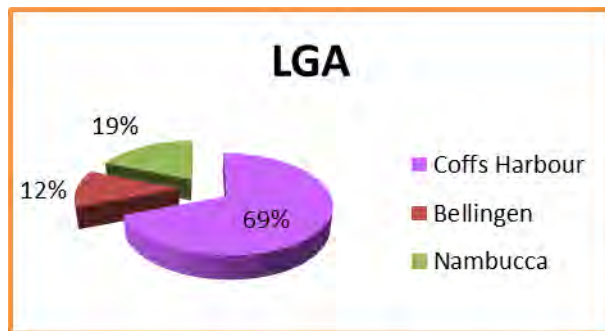
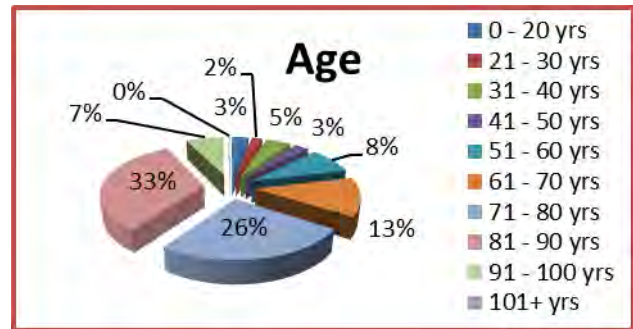
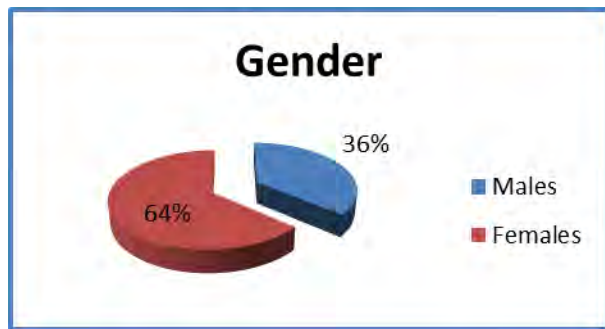
- comprehensive assessment
- help with tasks of daily living, like personal care, housekeeping and transport – up to 6 weeks after a person leaves hospital
- short term case management
- referrals and linking to ongoing community and health services for people with longer term support needs.

Compacks Clients are -

- people who have been admitted to hospital
- who cannot be discharged home without short term community support
- need assistance with identifying support needs and linkages into the community and health services network
- at risk of extended hospital stay or readmission without community support.



COMPACKS AT A GLANCE



USHA

PRIVATE SERVICES

Community Care Options provides a range of services to private clients where needed.

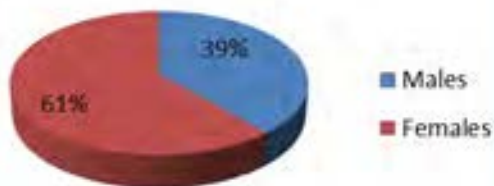
At times the organisation is brokered by other agencies to provide services to their client's or to provide additional support to existing CCO clients. 62 private clients were supported.

CCCO currently has brokerage agreements with –

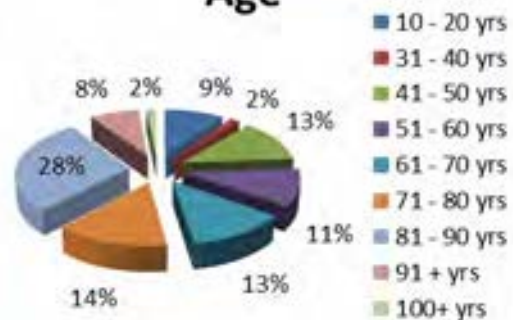
Australian Home Care Service
NSW Home Care
Life Without Barriers
The Home Nursing Group

We thank you for utilising our expertise to support your clients.

Gender



Age



LGA



Cultural Background



SERVICES



Community Care Options provides the following services –

Eligibility and priority for CCO programs is determined by program contract guidelines.



COMPREHENSIVE ASSESSMENT
SUPPORT & SERVICE COORDINATION
MONITORING
PERSON CENTRED PLANNING
CASE CONFERENCES
ADVOCACY
CONSULTATION - CLIENTS & CARERS
REFERRALS TO OTHER SERVICES
PROVISION OF A SUPPORT PLAN
INFORMATION
CARER EDUCATION
HELP WITH BUDGETING

PERSONAL CARE
MEAL PREPARATION/COOKING
DOCTORS APPOINTMENTS
SUPERVISION OF MEDICATION
MAKE APPOINTMENTS
LEISURE ACTIVITIES
PROVISION OF EQUIPMENT
CLEANING
PET CARE
TRANSPORT
SHOPPING
LAUNDRY
ARRANGE TO PAY BILLS
RESPITE
OUTINGS



We can arrange access to -

LINEN SERVICES

HOME MAINTENANCE

PODIATRY

LAWN MOWING

HYDROTHERAPY

PHYSIOTHERAPY

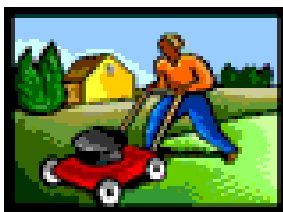
COUNSELLING

GARDENING

NURSING SERVICES

ALLIED HEALTH SERVICES

24 HR ALARM SUPPORT & MONITORING



REFERRALS

Requests for assistance come from a variety of sources.

CCO has a dedicated Intake Coordinator who deals with enquiries, processes referrals, collects initial intake information, provides information about our programs and assists linking people to community resources. This position also manages program occupancy and our waiting lists.

Clients seeking aged care packages must have been assessed and referred by the Aged Care Assessment Team (ACAT).

Compacts referrals are generated through Hospital Discharge Planners, Social Workers and other clinical staff from referring public hospitals.

Referrals for other programs are received from the following –

- Aged Care Transitional Intervention Program (ACTIP)

- Community Nurses

- The person wanting the service or their carer

- General Practitioners/Women's Health Centre

- Home Care

- Other HACC services

- Government Departments such as Centrelink, Department of Family & Community Services, Department of Housing, Protective Commissioner

- Head Injuries Service

- Disability Services

- Other organisations

Thank you for all your referrals and assistance.

OUR CLIENTS

CCO remains committed to ensuring we receive meaningful feedback that tells us what we are doing right and where we can improve.

Community Care Options receives much praise and thanks from clients. They identify that we assist them in remaining as active and independent as possible to continue to live within the community with maximum quality of life.

Some of the positive feedback received about what we do well includes –

- Communicate on all levels with aged patients who are limited with communication. Well done on breaking through the barriers & understanding individual's wants & needs. Thank you.
- Communication is good but if you get respect you always enjoy it, like the caring, courtesy, love & happiness which Russell & I have enjoyed over the years.
- The service was very good. I could not fault the respect & courtesy I received from field workers.
- Selection of caring staff. Reliability & punctuality. Excellent standard of service. Flexibility to adapt to the situation field staff find on site.
- Relieve stress & anxiety & are very easy to talk to & informative. Wonderful kindness to my husband & showed very caring attitude at all times.
- You can't improve on excellent.
- Everything, you people are angels without wings, you're all great.
- Everything that we needed was done very well. I can't speak highly enough of you & your support.
- Everything! Very approachable, helpful, understanding & caring. It made me grateful to know that mum was being looked after by such amazing people.
- I have to say your carers were a joy & mum eagerly anticipated her Mondays. My bonus was the carers would clean up the messes I didn't have time to do. It was like having a good fairy once a week. I cannot praise CCO highly enough.
- We are very happy with all your services & organisation. Congratulations for an excellent organisation.
- The level of friendliness & professionalism was excellent & made my recovery easier & more pleasant. Thank you.

- I think your service is punctual, courteous, considerate, friendly & professional.
- The whole organisation is very good & your workers are pleasant & professional & a pleasure to have in our home. The assistance & help was valuable to us.
- Caring for those that really need the help; is an excellent service & it's great to know that there are still people who care. Thank you.
- Serving humanity with great care at a time of great need.
- Very polite & helpful. Would recommend your services always.
- The high standard of the service supplied is, I think, due to the staff. All of the people I dealt with were professional, caring & really made the time spent with them more pleasant.
- Excellent services, thank you, don't change anything.
- All that we asked for was done to an excellent standard. Many, many thanks for all your help. I wish it was still ongoing.
- It was a pleasure to have your community care staff in my home.
- Without CCO's help I would have had to remain in hospital.
- I cannot fault this service.
- The service was absolutely great. Does not need improving on.
- Communicate with & have empathy & respect for clients. Perhaps most importantly you give clients your time (& a listening ear) whilst maintaining a contagious positive attitude all while doing the work requested.
- You show how much you care for people & you have respect for all your clients.
- Time management; efficiency; professionalism; cost. Beyond brilliant!
- The best help ever. I have never had help before & I cannot speak more highly of your help. Thank you.
- Help yes. Help that made my recovery so much quicker- willingness to do all the things that needed to be done - with concern, respect & most of all the personalities were wonderful from office staff to my CM, my home help & the driver. A BIG WARM THANKYOU!
- From Case worker to Support workers the service is excellent.

- All the people that I spoke to were helpful, compassionate, understanding, as were those who came to my home & helped me by doing cheerfully all that I asked of them. I am both thankful & appreciative of their service.
- Your service was great just keep up the great work you do.
- There was never a time that the service was not the most helpful, efficient, personal and caring. Thank You.
- No, every need was met far beyond my expectations & I cannot thank everyone enough for the help & support we both received. I could not have managed on my own.
- I can't fault you. Thanks for your help in communication & providing personable, helpful staff.
- Staff very well trained and aware of client's needs, clean, respectful. An excellent service to people who are sick & disabled.
- The staff sent to me were excellent. Everyone in their own way could not be faulted.
- Your organisation is spot on. No one is left in doubt as to what is happening. I cannot speak highly enough of the service I received.
- The companionship, staff that have understanding of what I was going through, laughter, compassion, empathy.
- Compassionate, engaged, interested staff worked with Dad & this made him feel valuable & cared for. He loved the company & was touched by all they did for him, as were we, the family.



TRIBUTE TO OUR CLIENTS

We pay tribute to those that we have assisted and hope that we have made a difference to their lives. Our services are about these people.

Coral



Gian



Dave & Nan



Elizabeth



Elgwen



Elizabeth & Herbhajan



Steve & Yvonne



Ken & Mavis



Elsie & Ron

COMPLAINTS

Community Care Options utilises the feedback it receives from clients, families and other service providers to review and improve the services provided.

Feedback can take a number of forms and be received in a number of ways –

Complaints from clients – both verbally and written;

Feedback from clients directly to Support Workers or Case Managers;

Service evaluations – these are given to clients upon exit from the service and annually;

Client Service Reviews – conducted regularly by Case Managers with clients to gauge their satisfaction with service delivery and the degree to which services are meeting their needs;

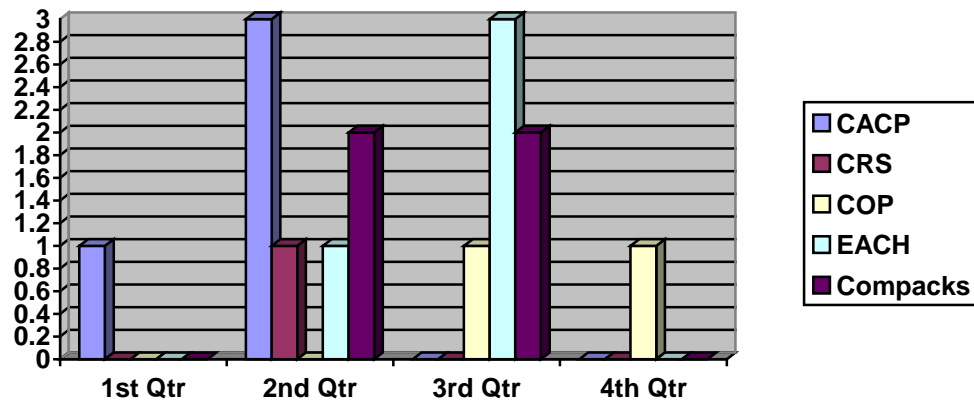
Client surveys.

Community Care Options has a number of registers for reporting client feedback. We record formal complaints, negative and positive feedback and exit feedback.

We received 15 formal complaints for the 2012/13 financial year. The table below indicates the spread of these complaints across programs.

20012/13	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
CACP		1		2	1								4
EACH						1	1		2				4
DRS													0
CRS					1								1
COP								1		1			2
Connect													0
Compack				1	1		1	1					4
Private													0
TACS													0
CDC													0
Waiting													
Other													
TOTAL	0	1	0	3	3	1	2	2	2	1	0	0	15





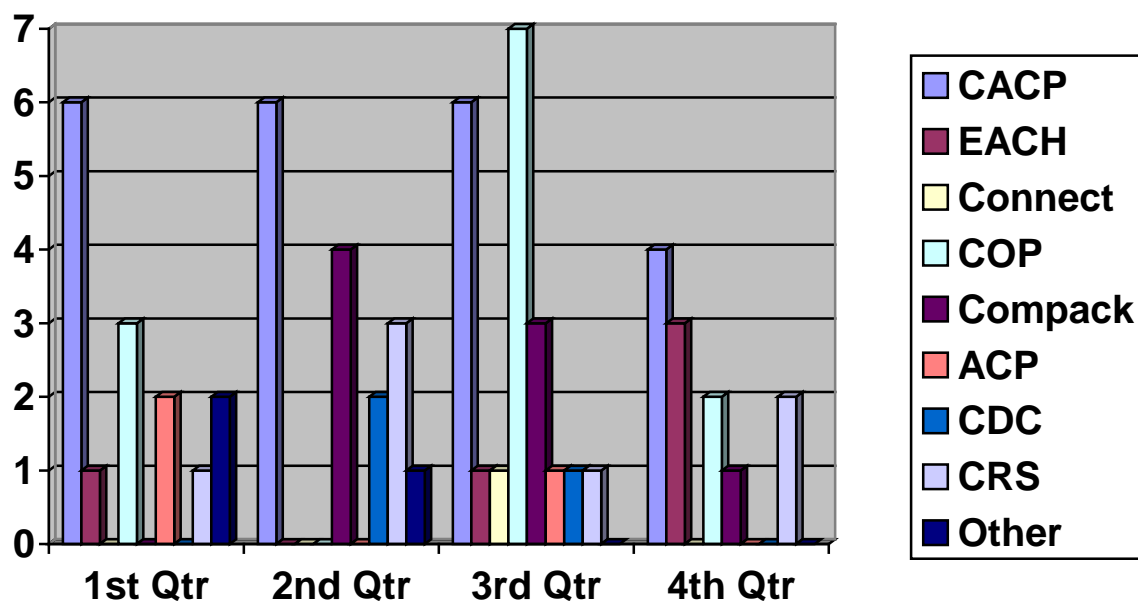
- Other service provider expressed concern that client had not received PC service. Client and family had not requested this support but were in need.
- Client upset that she did not receive service on another day due to Public Holiday.
- Client upset that SW had not arrived for PC service.
- Client unhappy with DA service provided by SW.
- Client requested change of SW as not feeling comfortable.
- Client unhappy with communication re services. SW did not attend.
- Client felt that SDO was disempowering her during skills observation session with staff.
- Client not comfortable with SW interaction – personality clash.
- SW did not arrive to provide rostered service.
- Client advised that SW swore during service. Did not want them again.
- Client unhappy with cleaning provided by SW and felt that SW was bad mouthing another service.
- Client concerned that Sw spoke of our experience with a friend with cancer. Upsetting for client.
- Client unhappy that SW did not listen nor complete service as required. Felt service was rushed and rough for client.
- SW did not pick up client Webster pack.
- Client requesting change of CM as he felt they were not empathetic of his needs or respectful.

All complaints were followed up on and were dealt with by addressing staff training and development needs or through performance management. Systems were reviewed and improved where this was indicated through a complaint or negative feedback.



Negative Feedback – 64 instances of negative feedback were recorded and responded to.

2012/13	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
CACP	4	1	1	1	4	1	4	1	1	3		1	22
EACH			1					1		1	1	1	5
CRS		1			1	2			1	2			7
COP	1	2						3	4	1	1		12
Connect									1				1
Compack					1	3	1		2			1	8
TACS													0
CDC				1		1	1						3
ACP	2								1				3
Private													
Waiting													
Unknown	1	1			1								3
TOTAL	8	5	2	2	7	7	6	5	10	7	2	3	64



A large percentage of negative feedback related to staff not attending to provide rostered service, and clients being unhappy with the standard of service provided. In all instances this feedback was addressed with individual staff and systems reviewed to prevent recurrence. Due to large volume of high needs client's staff are sometimes delayed through circumstances beyond their control.

Community Care Options recorded more than 30 instances of positive feedback independently from clients as well as positive feedback through client exit surveys.

Thank you to all client's who provided us with feedback. We welcome your input to service delivery and its improvement.

WORK HEALTH & SAFETY



The health and safety of clients and staff is of paramount importance to Community Care Options as well as a compliance requirement.

CCO is committed to ensuring that potential risks to the health and safety of staff and clients are identified and addressed in a timely manner.

CCO implements an extensive risk management process through the following mechanisms –

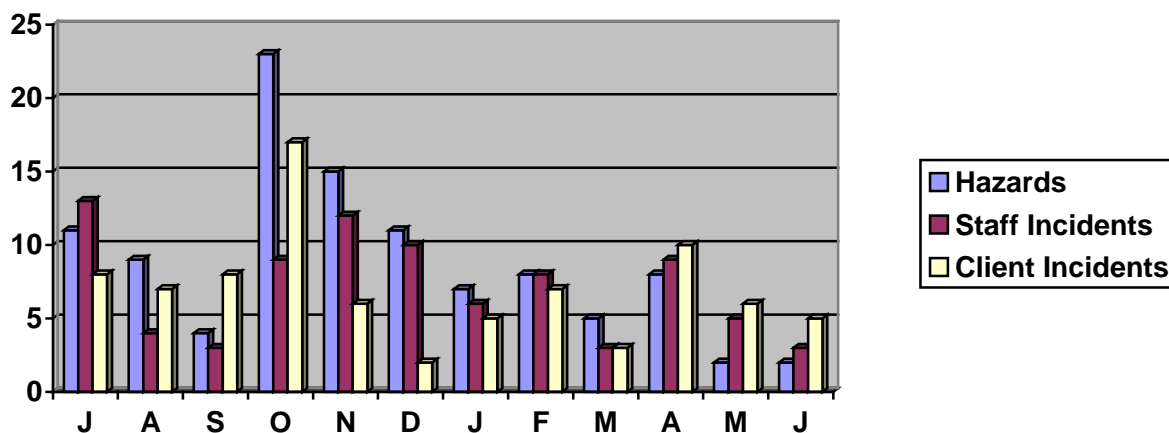
- Staff WH&S induction training
- The provision of personal protective equipment
- Hazard identification and reporting
- Risk assessment and control
- Workplace review
- Preventative systems reporting

All hazard/incident reports are reviewed by the Management Team weekly and the Work Health and Safety Committee who meet bi monthly. Control measures are put in place to manage identified hazards and to respond to incidents when they occur. All staff are responsible for ensuring their own health and safety and that of others.

WH&S is a shared responsibility.

2012/2013	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Hazard	11	9	4	23	15	11	7	8	5	8	2	2	105
Manual Handling	2		1		3	1		1	1	2	2		13
Slips/trips/falls	2	1		1	1	1				2		1	9
Falls from a height													0
Psychological injury	2	2		2	1			1					8
Vehicle/transport accident	2		1	1	3	3	1	1	1		1		14
Workplace violence	4				2		2	2	1	2			13
Physical Injury	1	1	1	2	2	4	3	2		1	2	1	20
Major incident physical													0
Major incident mental													0
Fatality													0
Property Damage						1				1		1	3
Other				3				1		1			5
TOTAL	13	4	3	9	12	10	6	8	3	9	5	3	85
Client incident	8	7	8	17	6	2	5	7	3	10	6	5	84
	32	20	15	49	33	23	18	23	11	27	13	10	274

A total of 274 WH&S reports were received.



84 reports (30.6%) related to client incidents. These were where a client was observed to have or reported an incident. Client risk assessments and risk management plans are reviewed and updated where an incident occurs. Staff are advised of changes to support needs and the environment. CCO record these although they are not specifically WH&S issues.

105 reports (38.3%) were hazard reports – situations where staff have identified potential risk of injury for client or staff. These reports are critical to being proactive in preventing injury and result in control measures being implemented to manage the risk.

85 staff incidents were reported (31.1%), of these –

20 reports (23.5%) were recorded as a physical injury. These were relatively minor in nature – burns, splinters, cuts, bumps etc.

14 reports (16.5%) involved minor motor vehicle accidents by staff.

13 reports (15.3%) related to varying forms of workplace violence – this includes verbal, implied, physical and reflects the changing and complex needs of our target groups. Staff are often dealing with grief and loss issues, clients with dementia and challenging behaviours, and clients and/or families with emotional or social problems, including drug and alcohol and mental illness. It is pleasing to note that this category is down from the previous year.

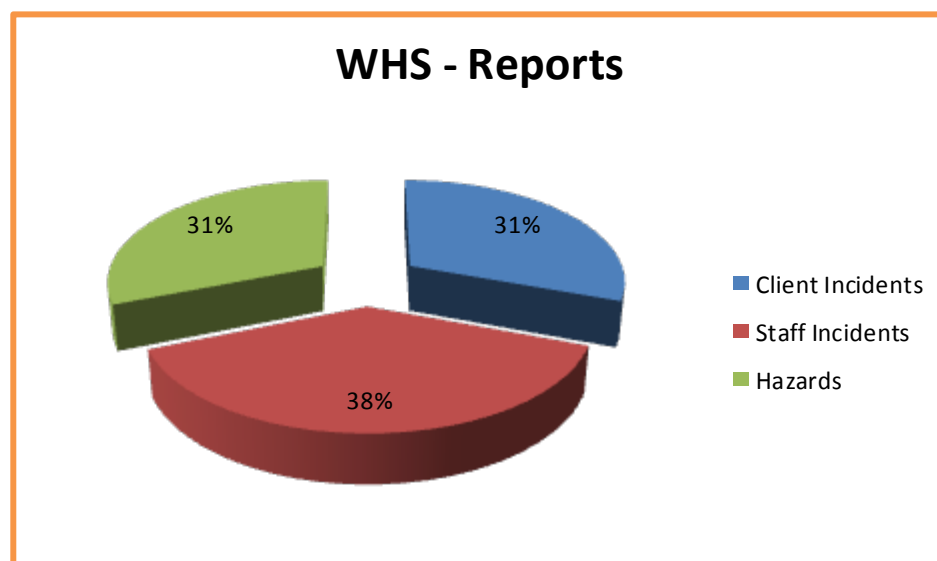
13 reports (15.3%) related to Manual Handling – this is up from last year, and again reflects the higher needs of clients requiring manual handling.

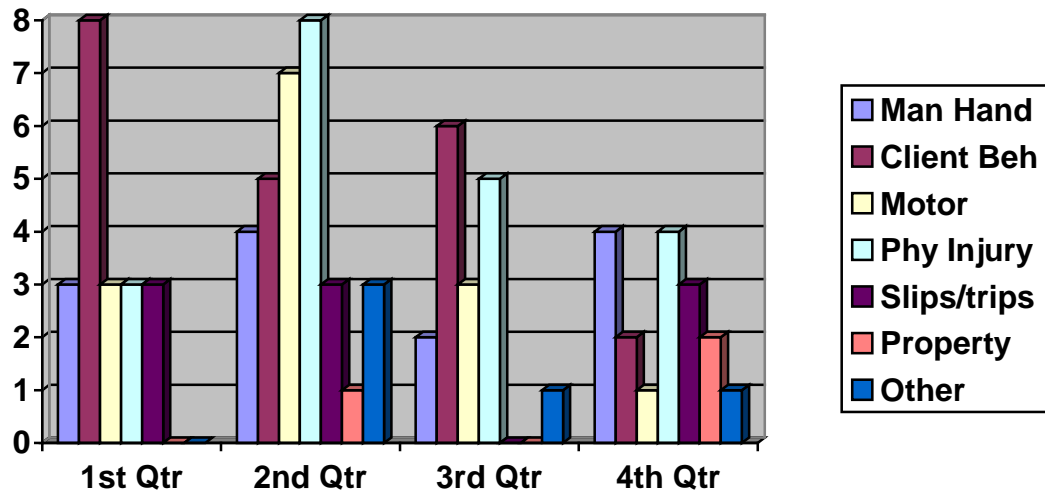
9 reports (10.6%) involved slips, trips and falls.

8 reports (9.4%) were recorded as psychological injury.

5 reports (5.9%) were identified as other.

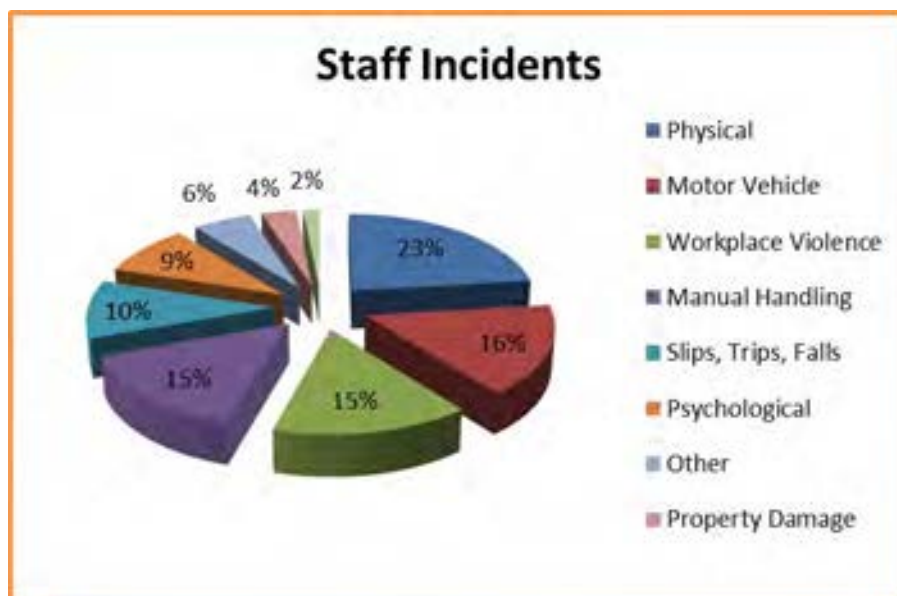
3 reports (3.5%) were recorded as property damage.





The majority of reports were minor in nature and resulted in minimal lost time by employees.

A small number of staff sustained injuries that resulted in workers compensation claims. Active injury management and return to work programs put into place to resolve as quickly as possible.



WH&S Achievements over the last 12 months have been –

- New light weight vacuum cleaners purchased for each office
- Equipment checked and repaired or disposed of
- New ergonomic office furniture and workstations installed across the organisation
- Training for both Support Workers and office based staff in two areas identified through hazard and incident reports as areas of increasing risk – Building Resilient Workers and Managing the Potential for Violence in the Workplace.

The WH&S Committee meet bi monthly on the first Tuesday and review incident and hazard report information as well as discuss any issues raised by WH&S work group representatives.

Management staff attended and completed a Train the Trainer course focused on upskilling the workforce with regard to changes in WH&S Legislation.

Thank you to the members of CCO's WH&S Committee during this period –

Deb Ryan (Management) – Employer Rep

Lorraine Chowdhury (Management & Admin) – Employer Rep

Liz Anscombe (Management) – Employer Rep

Jason Pell (Case Manager) - Employee Rep replaced

Suzanne Brain (Coordinator) - Employee Rep replaced by Yasmin Bull

Nick Rosentool (Support Worker – Coffs) - Employee Rep

Hilary Panitz - (Support Worker - Urunga) - Employee Rep

Linda Miller (Support Worker – Woolgoolga) - Employee Rep replaced by Greg Tapping

Invited – Kerry Marsh – First Aid Officer



QUALITY COMMITTEE



The CCO Quality Committee meets bi monthly on the first Tuesday to discuss issues of concern to employees of the organisation and acts as a mechanism for staff consultation. Work group representatives provide feedback from staff and identify matters that require review or consideration. The working party also provides input into policy and procedure development.

Achievements of the Quality Committee over the last 12 months have been –

- Review of feedback and suggestions from CCO work groups
- Introduced CCO polo shirts to be worn as an option for staff
- Reviewed staff ID badges
- Discussed project ideas re CCO conference and community festival

Other organisational quality improvements have included -

- Painted Coffs Harbour office
- Upgraded IT systems
- Purchased the Urunga property
- Purchased new vehicles
- Employed a Marketing Officer
- Commenced an advertising campaign

Our organisation is about supporting people to achieve outcomes. Our approach to this is to have a quality framework that focuses on the following management principles.



Thank you to the representatives of this committee for their constructive feedback and commitment to service improvement.

Quality Committee Representatives –

Deb Ryan (Management) – Employer Rep

Steve Bullock (Case Manager) - Employee Rep

Kerry Marsh (Coordinator) - Employee Rep

Kathleen Dobell (Support Worker Coffs) - Employee Rep

Roger McGuigan (Support Worker Urunga) - Employee Rep

Sue Unwin (Support Worker - Woolgoolga) - Employee Rep

STAFF TRAINING & DEVELOPMENT

Community Care Options is committed to ensuring that staff are well skilled and qualified to undertake their duties and that they have access to ongoing training and development opportunities. The following represents some of the training attended and undertaken by CCO staff during the year –

Management/Admin

Professional Board Member Development Course – Australian Institute of Company Directors
Quality Management
Frontline Management (LMA)
Cert 4 in Sales
Diploma of Management

Work Health & Safety

First Aid
Manual Handling

Case Managers/Coordinators

Managing the Potential for Violence in the Workplace
Building Resilient Workers
Working with People with Mental Health Issues
Engaging with Family Members of drug and/or alcohol dependence
Supporting clients and families through grief and loss
The resilient Community Worker
Experiencing Dementia and Managing Behavioural symptoms of Dementia
Teaching Strategies and Behaviour Support workshop – autism/aspergers syndrome
Tools for Mental Wellness – Mental Health Education
Dementia Care
Problematic Sexual Behaviour
ONI Training
ONI 2 Training
Disability Reform
MND Training
Mental Health First Aid
Engaging Clients in Recovery
Professional Reflection
Rent it Keep it Training – Housing NSW
Group Leaders – Loss and Grief in a Support Group
Raising Girls/Raising Boys
Effective Documentation
Case Management Certification Workshop
S2S Training
Continence
Gateways Art for Therapy
Planning and Goal Setting
Capacity and Consent

Support Workers

Managing the Potential for Violence in the Workplace

Building Resilient Workers

Manual Handling

Managing Challenging Behaviour and Quality/Professional Boundaries

In house training provided to Case Managers and Coordinators re Microsoft Publisher and Excel.

A number of staff members (SW's and Coordinator's) experienced professional development and support through the opportunity to act in higher positions and learn new skills.

On the job competency assessments completed for SW's.

Team Building Days held with all office based teams.

Community Care Options operates as part of a wider community and is committed to ensuring engagement, networking and professional relationships with a wide range of other stakeholders in order to optimize the outcomes and opportunities for our clients. To this end we participate in a wide range of forums within our local community and the broader community, aged and disability sector –

Regional EACH forums

Case Management Project

Regional NRCP forums

Extended Aged Care forums

Community Care forums

National Disability Services (NDS) Regional meetings

Local and Area Respite Coordination Groups (RCG)

Consumer Directed Care (CDC) Taskforce

Disability Expo Working Party

Life After Licenses Working Party



Projects

In support of our vision – leadership and innovation in the provision of high quality community care - CCO has embarked on a number of projects that we believe enhance and add value to the services that our clients receive, above and beyond what we are funded to provide. All projects have been designed to promote client consultation, social integration and community engagement. The first of these that we have implemented which proved highly successful were our Nana's Kitchen and Family History projects.



Jenny & Michelle



Pamela being presented with her family history album

This year our focus has been on social inclusion, community engagement and collaboration. Projects that have been completed are –

Fence Mural - the organisation engaged local graffiti artist Ash Johnson to design and complete an image reflective of the diversity of the Coffs Harbour community and consequently its clients on its boundary fence. Community members, local service providers and businesses attended the unveiling of the mural on Tuesday 5th March 2013.



Projects that have commenced are –

MATES – men's group. Meet once a month to provide social support to men.

Real People Real Choices Real Solutions Conference - our conference aims to make available to people in our region access to current information about changes within the



sectors of aged and disability care; information about current services and options for support; to highlight that everyone's story matters; and that if we work together on community engagement we can develop creative, innovative service responses. Informed decision making, independence and choice should be basic human rights for all. We want to highlight the importance of community, choice, empowerment and self directed support for people with real needs. We can find real solutions for people through collaboration, cooperation and partnership.

Our Community Engagement Project aims to raise awareness in our local community of the aged and people with a disability and support the community to be more effective in how it supports the needs of these groups for increased social inclusion.

We Care Day Festival – aimed again bringing the community together. Highlighting what we have, who we are and where we live. Celebrating the diversity in our community and encouraging people to care. Will be celebrated on Saturday 19th October 2013. We're hoping it might become an annual event.





McGrath & Associates
QUALITY ACCOUNTANTS

MNC Community Care Options

**Audit Report and Financial Statements
For the year ended 30 June 2013**

Gerard McGrath & Associates Pty Ltd

T/as McGrath & Associates Quality Accountants

PO BOX 4198

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MNC Community Care Options

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Detailed Profit and Loss Statement

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MNC Community Care Options Chairperson's Report

Your Chairperson presents this report on the Association for the financial year ended 30 June 2013.

Board

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

The Board has been in office since the start of the financial year to the date of this report unless otherwise stated.

Operating Result

The profit of the association for the financial year after providing for income tax amounted to:

Year ended	Year ended
30 June 2013	30 June 2012
\$	\$
53,283.65	63,978.93

Principal Activities

The principal activities of the Board during the course of the year were Community Care Services.
No significant change in the nature of these activities occurred during the year.

Significant Changes in the State of Affairs

No significant changes in the associations state of affairs occurred during the financial year.

After Balance Date Events

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

Future Developments

The association expects to maintain the present status and level of operations and hence there are no likely developments in the operations in future financial years.

Environmental Issues

The association operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

The accompanying notes form part of these financial statements.

**MNC Community Care Options
Chairperson's Report**

Indemnifying Officer or Auditor

No indemnities have been given or agreed to be given or insurance premiums paid or agreed to be paid, during or since the end of the financial year, to any person who is or has been an officer or auditor of the association.

**Proceedings on Behalf of
Association**

No person has applied for leave of Court to bring proceedings on behalf of the association or intervene in any proceedings to which the association is a party for the purpose of taking responsibility on behalf of the association for all or any part of those proceedings. The association was not a party to any such proceedings during the year.

Auditors Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 has been included.

Signed in accordance with a resolution of the board

Dated: 20 August, 2013

The accompanying notes form part of these financial statements.



Independent Auditors Report

MID NORTH COAST COMMUNITY CARE OPTIONS INC

Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report, of Mid North Coast Community Care Options Inc, which comprises the balance sheet as at 30th June 2013, and the income statement, statement of changes in equity/statement of recognised income and expenses and cash flow statement for the year then ended, a summary of significant accounting policies, other explanatory notes and the Committees declaration.

The responsibility of the Committee for the financial report

The committee of the entity are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies in the financial statements are appropriate to meet the financial reporting requirements of Mid North Coast Community Care Options Inc and are appropriate to meet the needs of the members. The committee's responsibility also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian auditing standards. These auditing standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risk of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the



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appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Committee, as well as evaluating the overall presentation of the financial report.

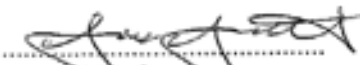
The financial report has been prepared for distribution to members for the purpose of fulfilling the Committees financial reporting responsibilities under the government conditions. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

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

Auditor's opinion

In our opinion, the financial report presents fairly, in all material respects, of the financial position of Mid North Coast Community Care Options Inc as of 30 June 2013 and of its financial performance and its cash flows for the year then ended in accordance with the accounting policies.


Gerard McGrath
Certified Practising Accountant
854578

Dated this 20 August 2013

MNC Community Care Options
Auditor's Independence Declaration

UNDER SECTION 307C OF THE CORPORATIONS ACT 2001
To THE BOARD OF: MNC Community Care Options

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2013 there have been :

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the Audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit



Gerard McGrath & Associates Pty Ltd
Gerard McGrath, FCPA 854578
246A Harbour Drive Coffs Harbour NSW 2450

20th August 2013

The accompanying notes form part of these financial statements.

MNC Community Care Options
Detailed Profit and Loss Statement
For the year ended 30 June 2013

	2013	2012
	\$	\$
Income		
Grant Funds Received	6,275,116.01	6,338,345.12
Client Contributions	173,827.85	159,369.64
Income General	69,099.70	168,343.52
Annual Membership	100.00	24.00
Interest received	97,656.56	137,982.38
Profit on sale of assets	44,210.00	0.00
Total income	<u>6,660,010.12</u>	<u>6,804,064.66</u>
Expenses		
Labour Costs - Salaries	4,797,168.83	4,834,106.90
Superannuation Costs	372,325.88	343,465.03
Accommodation Costs	105,869.17	112,474.50
Administration Costs - Other	365,855.19	308,770.87
Admin. costs - Insurance Workers Comp.	113,739.44	125,591.53
IT Support	34,765.69	107,831.81
Admin. costs - Telephone/Internet/Fax	44,914.53	45,316.39
Staff Training - total	44,504.33	78,156.36
Delivery	27,882.07	44,820.08
Depreciation - other	55,352.13	67,270.00
Client Costs - Other	96,022.11	158,720.86
Client costs - Transport Direct	187,180.58	180,563.00
Client costs - Transport between bulk	240,177.17	255,763.53
Client costs - Equipment Purchase	53,038.60	26,191.19
Client costs - Personal care	67,930.75	51,043.68
Total expenses	<u>6,606,726.47</u>	<u>6,740,085.73</u>
Profit from Ordinary Activities before income tax	<u>53,283.65</u>	<u>63,978.93</u>

The accompanying notes form part of these financial statements.

MNC Community Care Options
Detailed Balance Sheet As At 30 June 2013

	Note	2013 \$	2012 \$
Current Assets			
Cash Assets			
Cash At Bank		0.00	708,540.48
Bendigo Bank		0.00	560.48
Bonus Share Dividends		150.00	150.00
Visa account BCU		4,289.01	2,110.01
Bendigo Bank term deposit		1,638,011.81	1,509,349.21
Petty Cash on Hand		2,000.00	2,000.00
Security Deposits 2		0.00	250.00
Pre Payments		900.00	45,023.00
		<u>1,645,350.82</u>	<u>2,267,983.18</u>
Receivables			
Accounts Receivables		<u>185,323.53</u>	<u>95,595.09</u>
		<u>185,323.53</u>	<u>95,595.09</u>
Other Financial Assets			
Share Account - 1 bcu		5.00	5.00
Share Account - 2 bcu		<u>5.00</u>	<u>5.00</u>
		<u>10.00</u>	<u>10.00</u>
Total Current Assets		<u>1,830,684.35</u>	<u>2,363,588.27</u>
Non-Current Assets			
Property, Plant and Equipment			
Buildings - at cost		442,114.37	442,114.37
Building - Bowra St.		241,180.81	0.00
Less: Accumulated depreciation		(167,858.00)	(153,422.00)
Office equipment CCP - at cost		147,989.14	141,989.14
Less: Accumulated depreciation		(94,177.00)	(82,177.00)
Motor vehicles - at cost		503,993.51	393,589.85
Less: Accumulated depreciation		<u>(281,899.51)</u>	<u>(246,895.48)</u>
		<u>791,343.32</u>	<u>495,198.88</u>
Total Non-Current Assets		<u>791,343.32</u>	<u>495,198.88</u>
Total Assets		<u>2,622,027.67</u>	<u>2,858,787.15</u>

The accompanying notes form part of these financial statements.

MNC Community Care Options
Detailed Balance Sheet As At 30 June 2013

	Note	2013 \$	2012 \$
Current Liabilities			
Payables			
Unsecured:			
Accrued Creditors		31,492.18	29,645.00
Client Funds Held		120.00	17,506.39
Accruals		87,447.25	265,129.90
Accruals - Wages		297,276.14	0.00
Grants Received in Advance		403,180.28	431,104.61
Social Support Group		0.00	2,164.31
Payroll Liability		0.00	349,577.48
Xmas Club Holding Account		7,114.95	4,407.20
PAYG withholding Tax		0.00	52,174.96
		<u>826,630.80</u>	<u>1,151,709.85</u>
Financial Liabilities			
Unsecured:			
Cash At Bank		<u>10,453.97</u>	<u>0.00</u>
		10,453.97	0.00
Current Tax Liabilities			
GST payable control account		97,458.75	56,246.19
Input tax credit control account		(47,644.00)	(47,340.46)
GST Rounding		(2.90)	0.00
Contra		<u>5.86</u>	<u>0.00</u>
		49,817.71	8,905.73
Provisions			
Provision for Annual Leave		389,532.00	378,076.00
Provision for Long Service Leave		380,937.00	408,723.00
Provision Building R&M		<u>50,000.00</u>	<u>50,000.03</u>
		820,469.00	836,799.03
Total Current Liabilities		<u>1,707,371.48</u>	<u>1,997,414.61</u>
Total Liabilities		<u>1,707,371.48</u>	<u>1,997,414.61</u>
Net Assets		<u>914,656.19</u>	<u>861,372.54</u>

The accompanying notes form part of these financial statements.

MNC Community Care Options
Detailed Balance Sheet As At 30 June 2013

	Note	2013 \$	2012 \$
<hr/>			
Equity			
Retained profits / (accumulated losses)		914,656.19	861,372.54
Total Equity		<u>914,656.19</u>	<u>861,372.54</u>

The accompanying notes form part of these financial statements.

MNC Community Care Options

Funds Flow Statement

For the year ended 30 June 2013

	2013	2012
	\$	\$
Cash Flow From Operating Activities		
Receipts from customers	6,518,043.56	6,776,882.17
Payments to Suppliers and employees	-7,248,786.45	-5,724,089.64
Interest received	97,656.56	137,982.38
Net cash provided by (used in) operating activities (note 2)	<u>-633,086.33</u>	<u>1,190,774.91</u>
Net increase (decrease) in cash held	-633,086.33	1,190,774.91
Cash at the beginning of the year	2,267,983.18	1,077,208.27
Cash at the end of the year (note 1)	<u>1,634,896.85</u>	<u>2,267,983.18</u>

Note 1. Reconciliation Of Cash

For the purpose of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts.

Cash at the end of the year as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

Cash at bank	-10,453.97	708,540.48
Bendigo Bank	0.00	560.48
Bonus Share Dividends	150.00	150.00
Visa Account BCU	4,289.01	2,110.01
Bendigo Bank Term Deposit	1,638,011.81	1,509,349.21
Petty Cash on Hand	2,000.00	2,000.00
Security Deposits 2	0.00	250.00
Pre Payments	900.00	45,023.00
	<u>1,634,896.85</u>	<u>2,267,983.18</u>

Report is out of balance by: -

Cash at the end of the year per Cash Flow Statement	1,634,896.85	2,267,983.18
Closing balance of Cash (bank) accounts	<u>1,634,896.85</u>	<u>2,267,983.18</u>
	0.00	0.00

The accompanying notes form part of these financial statements.

MNC Community Care Options

Funds Flow Statement

For the year ended 30 June 2013

	2013	2012
	\$	\$
Note 2. Reconciliation Of Net Cash Provided By/Used in Operating Activities to Net Profit		
Operating profit (Loss) after tax	53,283.65	63,978.93
Depreciation	55,352.13	67,270.00
(Profit)/ Loss on sale of property, plant and equipment	-44,210.00	0.00
Changes in assets and liabilities net of effects of purchases and disposals of controlled entities:		
(Increase) decrease in trade and term debtors	-89,728.44	-32,211.78
Increase (Decrease) in trade creditors and accruals	-325,079.05	239,742.89
Increase (Decrease) in sundry provisions	24,581.95	224,924.56
Net cash provided by (used in) operating activities	<u>-325,799.76</u>	<u>563,704.60</u>

The accompanying notes form part of these financial statements.

MNC Community Care Options
Notes to the Financial Statements
For the year ended 30 June 2013

Note 1: Summary of Significant Accounting Policies

MNC Community Care Options is an Association Inc

Reporting Basis and Conventions

The Board has prepared the financial statements on the basis that the association is a non-reporting entity because there are no users dependant on general purpose financial statements. The financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the Corporations Act 2001.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the Corporations Act 2001 and the significant accounting policies disclosed below, which the director has determined are appropriate to meet the needs of members. Such accounting policies are consistent with the previous period unless stated otherwise.

The financial statements have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. The material accounting policies that have been adopted in the preparation of the statements are as follows:

Accounting Policies

(a) Property, Plant and Equipment (PPE)

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

Property

Freehold land and buildings are shown at their cost.

Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Plant and Equipment

Plant and equipment are measured on the cost basis.

The carrying amount of plant and equipment is reviewed annually by the board to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets, excluding freehold land, is depreciated on prime or diminishing values over the asset's useful life to the association commencing from the time the asset is held ready for use.

The depreciation rates vary according to the asset.

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

MNC Community Care Options
Notes to the Financial Statements
For the year ended 30 June 2013

(b) Investments

Investments held are originally recognised at cost, which includes transaction costs. They are subsequently measured at fair value which is equivalent to their market bid price at the end of the reporting period. Movements in fair value are recognised through an equity reserve.

(c) Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as: (i) the amount at which the financial asset or financial liability is measured at initial recognition; (ii) less principal repayments; (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and (iv) less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

(i) Financial Assets if at fair value through profit or loss

Financial assets are classified at 'fair value through profit or loss' when they are either held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(ii) Loans and other receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

(iii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the entity's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

(iv) Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

(v) Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

MNC Community Care Options
Notes to the Financial Statements
For the year ended 30 June 2013

(vi) Fair value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

(d) Impairment of Assets

At the end of each reporting period, the association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives.

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

(e) Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(f) Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefit will result and that the outflow can be measured reliably. Provisions are measured using the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(g) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(h) Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements. The difference between the amount initially recognised and the amount ultimately received is interest revenue.

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.

Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets is the rate inherent in the instrument.

Revenue recognition relating to the provision of services is determined with reference to the stage of completion of the transaction at the end of the reporting period and where the outcome of the contract can be estimated reliably. Stage of completion is determined with reference to the services performed to date as a percentage of total anticipated services to be performed. Where the outcome cannot be estimated reliably, revenue is recognised only to the extent that related expenditure is recoverable.

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

MNC Community Care Options
Notes to the Financial Statements
For the year ended 30 June 2013

(i) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(j) Trade and Other Payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period, which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(k) Critical Accounting Estimates and Judgments

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

(l) Adoption of New and Revised Accounting Standards

During the current year, the association has adopted the revised Australian Accounting Standards AASB 101: Presentation of Financial Statements, which became mandatory. The adoption of this Standard has impacted the recognition, measurement and disclosure of certain transactions. The following is an explanation of the impact the adoption of this standard has had on the financial statements of MNC Community Care Options.

AASB 101: Presentation of Financial Statements

In September 2007, the Australian Accounting Standards Board revised AASB 101, and as a result there have been changes to the presentation and disclosure of certain information within the financial statements. Below is an overview of the key changes and the impact on the association's financial statements.

Disclosure Impact

Terminology changes – The revised version of AASB 101 contains a number of terminology changes, including the amendment of the names of the primary financial statements. These changes are not expected to impact the financial performance or financial position of the association.

Reporting changes in equity – The revised AASB 101 requires all changes in equity arising from transactions with owners in their capacity as owners to be presented separately from non-owner changes in equity. Owner changes in equity are to be presented in the statement of changes in equity, with non-owner changes in equity presented in the statement of comprehensive income. The previous version of the AASB 101 requires that owner changes in equity be presented in the income statement.

Statement of comprehensive income – The revised AASB 101 requires all income and expense to be presented in either one statement – the statement of comprehensive income, or two statements – a separate income statement and a statement of comprehensive income. The previous version of AASB 101 required only the presentation of a single income statement.

The association's financial statements now contain a statement of comprehensive income.

MNC Community Care Options
Notes to the Financial Statements
For the year ended 30 June 2013

Other comprehensive income - The revised version of AASB 101 introduces the concept of 'other comprehensive income' which comprises of income and expense that are not recognised in profit or loss as required by other Australian Accounting Standards. Items of other comprehensive income are to be disclosed in the statement of comprehensive income. Entities are also required to disclose the income tax relating to each component of other comprehensive income. The previous version of AASB 1010 did not contain an equivalent concept.

The impact of this requirement is the disclosure within Note 3 to the financial statements, which reflects the grossed-up value of each item of other comprehensive income and the income tax expense/benefit attributed to the item.

(m) New Accounting Standards for Application in Future Periods

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods and which the association has decided not to early adopt. A discussion of those future requirements and their impact on the association is as follows:

- AASB 9: Financial Instruments and AASB 2009-11: Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 & 1038 and Interpretations 10 & 12] (applicable for annual reporting periods commencing on or after 1 January 2013).

These standards are applicable retrospectively and amend the classification and measurement of financial assets. The association has not yet determined any potential impact on the financial statements.

The changes made to accounting requirements include:

- simplifying the classifications of financial assets into those carried at amortised cost and those carried at fair value;
 - simplifying the requirements for embedded derivatives;
 - removing the tainting rules associated with held-to-maturity assets;
 - removing the requirement to separate and fair value embedded derivatives for financial assets carried at amortised cost;
 - allowing an irrevocable election on initial recognition to present gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. Dividends in respect of these investments that are a return on investment can be recognised in profit or loss and there is no impairment or recycling on disposal of the investment; and
 - requiring financial assets to be reclassified where there is a change in an entity's business model as they are initially classified based on: (a) the objective of the entity's business model for managing the financial assets; and (b) the characteristics of the contractual cash flows.
- AASB 124: Related Party Disclosures (applicable for annual reporting periods commencing on or after 1 January 2011).

This standard removes the requirement for government-related entities to disclose details of all transactions with the government and other government-related entities and clarifies the definition of a 'related party' to remove inconsistencies and simplify the structure of the Standard. No changes are expected to materially affect the association.

- AASB 2009-4: Amendment to Australian Accounting Standards arising from the Annual Improvements Project [AASB 2 and AASB 138 and AASB Interpretations 9 & 16] (applicable for annual reporting periods commencing from 1 July 2009) and AASB 2009-5: Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 5, 8, 101, 107, 117, 118, 136 & 139] (applicable for annual reporting periods commencing from 1 January 2010).

These standards detail numerous non-urgent but necessary changes to Accounting Standards arising from the IASB's annual improvement project. No changes are expected to materially affect the association.

- AASB 2009-8: Amendment to Australian Accounting Standards - Group Cash-settled Share-based Payment Transactions [AASB 2] (applicable for annual reporting periods commencing on or after 1 January 2010).

MNC Community Care Options
Notes to the Financial Statements
For the year ended 30 June 2013

This standard clarifies the accounting for group cash-settled share-based payment transactions in the separate or individual financial statements of the entity receiving the goods or services when the entity has no obligation to settle the share-based payment transaction. The amendments incorporate the requirements previously included in Interpretation 8 and Interpretation 11 and as a consequence, these two Interpretations are superseded by the amendments. These amendments are not expected to impact the association.

- AASB 2009-9: Amendment to Australian Accounting Standards – Additional Exemptions for First-time Adopters [AASB 1] (applicable for annual reporting periods commencing on or after 1 January 2010).

This standard specifies requirements for entities using the full-cost method in place of retrospective application of Australian Accounting Standards for oil and gas assets and exempt entities with existing leasing contracts from reassessing the classification of those contracts in accordance with Interpretation 4, when the application of their previous accounting policies would have given the same outcome. These amendments are not expected to impact the association.

- AASB 2009-10: Amendment to Australian Accounting Standards – Classification of Rights Issues [AASB 132] (applicable for annual reporting periods commencing on or after 1 February 2010).

This standard clarifies that rights, options or warrants to acquire a fixed number of an entity's own equity instruments for a fixed amount in any currency are equity instruments if the entity offers the rights, options or warrants pro rata to all existing owners of the same class of its own non-derivative equity instruments. The amendments are not expected to impact the association.

- AASB 2009-12: Amendment to Australian Accounting Standards [AASBs 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 & 1031 and Interpretations 2, 4, 16, 1039 and 1052] (applicable for annual reporting periods commencing on or after 1 January 2011).

This standard makes a number of editorial amendments to a range of Australian Accounting Standards and Interpretations, including amendments to reflect changes made to the text of IFRSs by the IASB. The standard also amends AASB 8 to require entities to exercise judgement in assessing whether a government and entities known to be under the control of that government are considered a single customer for the purposes of certain operating segment disclosures. The amendments are not expected to impact the association.

- AASB 2009-13: Amendment to Australian Accounting Standards arising from Interpretation 19. [AASB 1] (applicable for annual reporting periods commencing on or after 1 July 2010).

This standard makes amendments to AASB 1 arising from the issue of Interpretation 19. The amendments allow a first-time adopter to apply the transitional provisions in Interpretation 19. This standard is not expected to impact the association.

- AASB 2009-14: Amendment to Australian Interpretation – Prepayments of a Minimum Funding Requirement [AASB Interpretation 14] (applicable for annual reporting periods commencing on or after 1 January 2011).

The standard amends Interpretation 14 to address unintended consequences that can arise from the previous accounting requirements when an entity prepays future contributions into a defined benefit pension plan.

- AASB Interpretation 19: Extinguishing Financial Liabilities with Equity Instruments (applicable for annual reporting periods commencing from 1 July 2010).

This interpretation deals with how a debtor would account for the extinguishment of a liability through the issue of equity instruments. The interpretation states that the issue of equity should be treated as the consideration paid to extinguish the liability, and the equity instruments issued should be recognised at their fair value unless fair value cannot be measured reliably, in which case they shall be measured at the fair value of the liability extinguished. The interpretation deals with situations where either partial or full settlement of the liability has occurred. The interpretation is not expected to impact the association.

The association does not anticipate early adoption of any of the above Australian Accounting Standards.

MNC Community Care Options
Notes to the Financial Statements
For the year ended 30 June 2013

	2013	2012
Note 2: Revenue and Other Income		
Revenue:		
Interest revenue*	97,656.56	137,982.38
Dividend revenue**	69,099.70	168,343.52
Grant Funds Received	6,275,116.01	6,338,345.12
Client Contributions	173,827.85	159,369.64
Annual Membership	100.00	24.00
	<u>6,615,800.12</u>	<u>6,804,064.66</u>
Other income:		
Profit on sale of assets	44,210.00	0.00
	<u>44,210.00</u>	<u>0.00</u>
*Interest from:		
	0.00	0.00
	0.00	0.00
	0.00	0.00
	<u>97,656.56</u>	<u>137,982.38</u>
	0.00	0.00
	0.00	0.00
	0.00	0.00
	<u>0.00</u>	<u>0.00</u>

Note 4: Cash assets

MNC Community Care Options
Notes to the Financial Statements
For the year ended 30 June 2013

	2013	2012
Bank accounts:		
Cash At Bank	0.00	708,540.48
Bendigo Bank	0.00	560.48
Bonus Share Dividends	150.00	150.00
Visa account BCU	4,289.01	2,110.01
Bendigo Bank term deposit	1,638,011.81	1,509,349.21
Petty Cash on Hand	2,000.00	2,000.00
Other cash items:		
Security Deposits 2	0.00	250.00
Pre Payments	900.00	45,023.00
	<u>1,645,350.82</u>	<u>2,267,983.18</u>

Reconciliation of Cash:

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

- Cash	1,645,350.82	2,267,983.18
- Bank overdrafts (see also Note 9)	(10,453.97)	0.00
	<u>1,634,896.85</u>	<u>2,267,983.18</u>

Note 5: Receivables

Current

Trade debtors	185,323.53	95,595.09
	<u>185,323.53</u>	<u>95,595.09</u>

Note 6: Other Financial Assets

Available for sale financial assets include:

Current

Shares in other BCU Bank - at cost:

- Listed on a prescribed stock exchange	10.00	10.00
	<u>10.00</u>	<u>10.00</u>
	<u>10.00</u>	<u>10.00</u>
	<u>10.00</u>	<u>10.00</u>
Available for sale financial assets	<u>10.00</u>	<u>10.00</u>

MNC Community Care Options
Notes to the Financial Statements
For the year ended 30 June 2013

2013

2012

Note 7: Property, Plant and Equipment

Buildings:

- At cost	683,295.18	442,114.37
- Less: Accumulated depreciation	(167,858.00)	(153,422.00)
	<u>515,437.18</u>	<u>288,692.37</u>

Plant and equipment:

- At cost	53,812.14	59,812.14
- Less: Accumulated depreciation	0.00	0.00
	<u>53,812.14</u>	<u>59,812.14</u>

Motor vehicles:

- At cost	503,993.51	393,589.85
- Less: Accumulated depreciation	(281,899.51)	(246,895.48)
	<u>222,094.00</u>	<u>146,694.37</u>
	<u>791,343.32</u>	<u>495,198.88</u>

Note 8: Payables

Unsecured:

- Trade creditors	826,630.80	1,151,709.85
	<u>826,630.80</u>	<u>1,151,709.85</u>
	<u>826,630.80</u>	<u>1,151,709.85</u>

Note 9: Borrowings

Current

Unsecured:

- Bank overdrafts	10,453.97	0.00
	<u>10,453.97</u>	<u>0.00</u>
	<u>10,453.97</u>	<u>0.00</u>

MNC Community Care Options
Notes to the Financial Statements
For the year ended 30 June 2013

2013

2012

Note 10: Provisions

Current

See detailed Balance Sheet

820,469.00

836,799.03

820,469.00

836,799.03

MNC Community Care Options

Compilation Report to MNC Community Care Options

We have compiled the accompanying general purpose financial statements of MNC Community Care Options, which comprise the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows and Statement of Financial Position as at 30 June 2013, a summary of significant accounting policies and other explanatory notes. These have been prepared in accordance with the financial reporting framework described in Note 1 to the financial statements.

The Responsibility of the Director of MNC Community Care Options


The director of MNC Community Care Options is solely responsible for the information contained in the general purpose financial statements and has determined that the financial reporting framework used is appropriate to meet the director's needs and for the purpose that the financial statements were prepared.

Our Responsibility

On the basis of the information provided by the director of MNC Community Care Options, we have compiled the accompanying general purpose financial statements in accordance with the financial reporting framework and APES 315: Compilation of Financial Information.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the director provided, in compiling the financial statements. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The general purpose financial statements were compiled exclusively for the benefit of the director of MNC Community Care Options. We do not accept responsibility to any other person for the contents of the general purpose financial statements.



Gerard McGrath & Associates Pty Ltd

PO BOX 4198

COFFS HARBOUR JETTY

19 August, 2013

2013 Program Performance

Program	Funded by	Number of packages	Number of clients	Number of Hours	ATSI	CALD
CACP	DoHA	141	199	31,631	3	10
COP Aged	DoHA		272	8,363	2	4
CRS – NRCP	DoHA		57	8,195 respite		
CDC	DoHA	8	8	3,610		3
EACH	DoHA	15	23	13,966		1
TACS	Health		60	1,441		
Attendant Care	ADHC	9	9	11,510		
COP	ADHC		267	19,208	12	11
Connect	ADHC		21	753 CM		1
Compacts	Health		803	18,080	5	35
PSP	ADHC	3	3	6,691		
Private			62	2,657		
Total			1,784	126,105 hrs	22	65





Congratulations to Frank & Trudie on their 60th Wedding Anniversary in 2013.

