



FamilyCare is a dynamic non-government, not-for-profit organisation offering strengths based support services to families, young people with disabilities and carers. FamilyCare has been providing services to people in the Goulburn Valley since 1982 and covers Shepparton, Seymour, Cobram, Kinglake, Wallan and their surrounding districts.

We are committed to using our skills to engage families and communities to build resilience, cohesion and wellbeing.

Our Vision

FamilyCare's vision is to work with individuals, families and communities towards:

- Building/enhancing strengths and resilience;
- Developing more resilient and connected families and communities;
- Increasing a sense of wellbeing for children and adults;
- Making services accessible and appropriate;
- Creating a dynamic, flexible service system which responds to the needs and aspirations of individuals, families and communities; and
- Promoting a greater focus on prevention and early intervention

Our Core Values

- Respect for all people in all interactions;
- Empowerment of staff and clients to achieve individual and organisational goals and objectives;
- Integrity our actions are consistent with our beliefs;
- Leadership on issues which impact our clients;
- Communication a commitment to open and on-going dialogue with all stakeholders; and
- Professionalism in all aspects of our work with clients, communities, partners and other stakeholders.

Board of Directors

Board

A Board of Directors oversees the operations of FamilyCare. This board meets monthly.



Aileen Kemp Jon Griffin Chairperson Vice- Chairperson Resigned 10.11.10



Treasurer





Tim Gubbins Marina Klooster Vice-Treasurer Secretary



Betty Dale Board









Peter Mithen Board Resigned 20.05.11

Board

Sosan Bakal Board

Rashidi Sumarli Board

Jenni Craggs Board

CHIEF EXECUTIVE OFFICER: Mr. David Tennant LIFE MEMBERS: 1998 Roger Furphy 1998 Albert Kellock 2006 Geoff Adams AUDITORS: MB&M Business Solutions PATRON: Mr. Jeff Tracy



Chairperson's Report

Aileen Kemp

There have been several opportunities for FamilyCare's Board to interact with staff members, particularly Senior Managers over the last year. Those opportunities have included an informal dinner catch-up, presentations of specific service activities at Board meetings and most recently an intensive consultation day as we laid the foundations for the next Strategic Plan 2012-



2015. I speak for all Board members when I say those opportunities have been greatly appreciated and very useful to us. They help to make the job of overseeing FamilyCare's activities real and provide a practical reminder of the importance of the agency's work.

David's CEO report details some of the important changes that are likely to impact the communities in which we provide services and the people to whom those services are provided. As volunteer Board members we are first and foremost members of the community. We are therefore strongly supportive of FamilyCare playing a leadership role in recording the impacts of significant changes and passing that information on to policy makers.

I would like to acknowledge the hard work of my fellow Board members during the 2010/2011 financial year. It is difficult to single people out in a thank you of that type but I would like to make special mention of the Board's Finance Sub-Committee. The Sub-Committee not only monitors the safe and transparent functioning of FamilyCare's payment system, it has also played a key part in planning the transition to a more normal funding environment since the Bushfire Case Management Service came to an end. The Finance Sub-Committee plays a vital role in FamilyCare's efficient operations and its work is greatly appreciated.

In May 2011, the Board welcomed Jenni Craggs as a member. Jenni's long experience in the health sector will be extremely useful to us. Although his resignation was received just after the end of financial year I would also like to acknowledge the departure of long-term Board member Peter Mithen. Peter has been on a leave of absence for some time since relocating to Melbourne for work. As that does not appear likely to change any time soon the Board has accepted Peter's resignation but we thank him for his considerable contribution to the Agency.

Finally, but most importantly, I would like to pass on the Board's appreciation to our CEO, David Tennant, for his leadership of FamilyCare's staff and volunteers in his first full year with us during a particularly challenging year. David's passion and spirit for the community that he and his family have now become a part of, significantly shines through in his decisions, information to the Board, care and commitment to the profile of FamilyCare's stability in resourcing the needs of children and families in our community. I would also like to acknowledge all of FamilyCare's staff and volunteers for another year of hard work and great progress. Your skill and dedication is the main reason we choose to be involved with FamilyCare and to support the services the Agency provides to its many clients. We look forward to continuing our work together in what promises to be an interesting and challenging year ahead.

CEO Report

David Tennant

Governments come and go. Policy approaches change and evolve, as do the funding programs that support the provision of community services. Change is very much a constant. Community agencies must adapt to the changes, whilst never forgetting that connection to the clients and communities they serve are their reason for existence in the first place.



Even with the constant expectation of change, the volume and significance of major policy reform either on foot or anticipated at present is enormous. At a Federal level, the Health reform agenda is likely to change the way that primary health services are supported in fundamental ways. There are huge changes anticipated in the delivery of aged care services, as the practical challenges of an ageing population move from theoretical to immediate. And the movement to a national 'no-fault' disability support scheme will provide people with disabilities and their carers a level of consistency and personal control absent in the current patchwork system.

All of these changes will impact the entire country. Services like FamilyCare, whether regional or metropolitan providers or both, will need to absorb the details and, informed by the needs of their service users, design appropriate responses.

There were however a series of very specific announcements in this year's Commonwealth Budget likely to produce both challenges and opportunities for FamilyCare and its clients. In 2012 a variety of new programs will operate in Shepparton. Communities for Children will provide additional focus and funding for early years activities. Additional participation requirements will apply to teenage parents and long-term jobless households. Perhaps most challenging of all, from July 2012, Shepparton will become one of only 5 new trial sites nationally for the operation of Income Management, a system of mandatory and voluntary benefit income quarantining applied to certain categories of low income households.

The Budget announcements came as a surprise to the Shepparton community. They also seem to have surprised many across all levels of Government who will be involved in designing and overseeing the roll-out. In the months and years ahead FamilyCare will play an important role in ensuring our clients understand how the programs operate, can share adequately in the benefits that will come from increased funding and support those people and their families with elements that may be confronting or punitive. Most importantly of all we must help our community tell its story, especially when much of this attention only comes because Shepparton has been identified as an area of high disadvantage, sufficient for that to apparently warrant attention on a national scale. There is also the challenge of ensuring the communities in the South and North of FamilyCare's service area are not forgotten. Those communities have needs as well and the experience of vulnerability and disadvantage is likely to be exacerbated for people who see regional neighbours able to access additional resources based only on the postcode in which they reside.

I feel certain that FamilyCare will rise to these challenges. Our staff and volunteers, including our very engaged and informed Board will make sure that is the case.

Director Of Service Development

Angela Armstrong-Wright

After nearly 6 years I am still excited by the role I play in this wonderful organisation. FamilyCare's ability to respond rapidly to ever-changing needs, keeps all of us inspired and focused on making a difference to the people who live and work in our communities.

I have enjoyed the fresh eyes and views of our CEO David Tennant. Together we have worked through many challenges.



It has been a busy year for our service staff. Our Carer and Disability Support services have implemented a number of new, innovative programs and have worked tirelessly on their accreditation under the new Disability Standards.

FamilyCare has shown leadership in promoting and valuing the contribution that both people with a disability and carers make to the community. For people with disabilities, FamilyCare's focus in service provision is inclusion and acceptance – a position we advocate actively across our communities. Tony's report also refers to the potential for innovative research on changes in the caring role after the care recipient moves to a residential facility to inform the development of new service approaches.

Our Child and Family services teams have also worked hard on improving quality systems and aligning processes between FamilyCare's two service regions. Our staff in these teams are professional, dedicated and always work within a sound social justice framework. The opportunity for staff to have input into planning and policy comment is something we have been trying to harness and encourage. With a new strategic plan being developed it has been great to see staff getting involved in its creation. Child and Family Services staff also made valuable contributions informing FamilyCare's submissions to the Victorian Vulnerable Children's Inquiry.

There has been considerable change and development in the Community Programs area. With the bushfire case-work service concluding, FamilyCare continues to assist the Kinglake community in its transition, with two Bushfire Community Support Workers and a part-time Men's Worker. Anger management programs are now available to both men and women and the services available to assist men to be better partners and parents have been enhanced. A variety of innovative training programs have been developed and delivered, particularly with the Academy of Sport Health and Education (ASHE), for young Indigenous people. The rotation of Ioans through FamilyCare's No Interest Loans Scheme has increased substantially.

The departure of Community Programs Manager Vicki Houston just before the end of financial year provided an opportunity to review the program and the best ways to support staff and sustain services. Although all services will continue in 2011/12 they will now be supervised and reported through our Child and Family Services teams. Community Programs workers were directly involved in this transition, which we will review in a year's time.

We continue to have a very low staff vacancy rate which I believe is more evidence that staff feel like their views are heard and that they can make a difference to the lives of the communities in which we work.

This year I have implemented two new internal senior staff meetings. The first is the Service Manager's meeting promoting a service focus on collective projects. Examples of our work include reviews of the recruitment and selection process and the internal

Professional Development process. The second is the joint Child and Family Services Managers meetings where we have reviewed and worked on the Victorian Government's Shell agreement, our internal policies and procedures and our Catchment planning.

In the year ahead we will give priority to making the client 'journey' more straightforward. It is our ultimate goal that all clients across all services are seen as FamilyCare clients not just a disability support client or a men's client.

Our quality journey work has continued, now coordinated through a central Quality Coordination Team. Improving the "way we do things" in our agency is vital for us to learn and grow and make the most of the precious resources we have available.

Connecting FamilyCare to key external bodies and stakeholders remains a personal priority. Over the last 12 months I have represented the agency on a number of Regional and State wide committees, including chairing the two Child FIRST Alliances and attending a number of Commonwealth meetings. The CEO and I also provided oral evidence to the Vulnerable Children's Inquiry. The fact that the Inquiry Panel made the trip to our region was a huge step forward from previous undertakings of this type.

Finally, but most importantly, I would like to acknowledge our Staff and Volunteers for their commitment to our agency and clients. I look forward to the upcoming year with all of its new opportunities to make a difference.



Child and Family Services

Diane O'Bree: Goulburn Valley Cameron Allan: Lower Hume

'Providing a continuum of care and support for children and families'

FamilyCare's Child & Family Services teams are divided into two program areas, the Goulburn Valley (Shires of Moira & Strathbogie and the City of Greater Shepparton) and the Lower Hume (Shires of Mitchell and Murrindindi).

Our Child & Family workers assist and support families being pressured by an everchanging environment. Challenges include the struggles and demands of young children and adolescents, through to mental health, family relationship breakdowns, the rising costs of managing a household budget and future planning. It is increasingly apparent that we need to work harder to keep families together and to support them through tough life stages.

Child FIRST (Family Information, Referral & Support Team)

Child FIRST provides a single entry referral point into Integrated Family Services for vulnerable children and their families. Children and families can be offered earlier support, with the aim of preventing reports to Department of Human Services, Child Protection Unit. Protecting children from harm and promoting their development needs is a shared community responsibility. Goulburn Valley Child FIRST is the central Integrated Family Services intake for FamilyCare, The Bridge Youth Service and Rumbalara Aboriginal Co-operative. It is also the intake for FamilyCare's Parent Child Program, Men's counselling & parenting groups. In Lower Hume, Child FIRST is the central intake for Integrated Family services and our Men's services including the Bushfire Community Support program in the Kinglake Ranges.

A Community Based Child protection worker is co-located in each Child FIRST team. This partnership continually strengthens our capacity to weigh the best interests of the child, with the needs and context of the family. As part of the focus on the best interests of the child, the Department of Human Services has funded the Early Childhood Development Project positions for each Child FIRST site. Objectives of those roles include:

- 1. Systemic improvement for vulnerable children (o-5 years) through developing and enhancing partnerships between Child FIRST/Family Services and universal and secondary early years' services.
- 2. Service enhancements for vulnerable children (0-5 years) through targeted capacity building activities to enhance family services and early years' practitioner skills in assessing, planning and responding to vulnerable early childhood developmental needs.

The Early Childhood Development workers have created a more streamlined approach for service collaboration, Maternal and Child Health services and child care centres in the first year.

In the Goulburn Valley region a professional development training package was created called "Watch me Grow and Develop" for all Integrated Family Services workers and Child Protection workers to enhance their understanding and knowledge of early childhood development.

Protecting Children's Forums

As the lead agency in both of the Child FIRST Alliances, FamilyCare has had a key role in the delivery of a number of professional development activities, referred to as 'Protecting Children's Forums'.

A highlight was a presentation at our Mental Illness in the Family forum from a mother who had experienced a mental illness. This presentation provided an invaluable insight into the impact of mental illness on families and an opportunity for agencies to reflect on their own practice when working with families where there is a parent with a mental illness.

These forums are now well recognised by other agencies and professionals across the region as a key Family Services network with a regular attendance of approximately 70 people.

Integrated Family Services (IFS)

This program makes use of systems, services and supports available in the community to reduce the number of families that come to the attention of child protection due to child neglect or abuse. The support that families receive is determined by the individual family, based on their culture, values, preferences and specific needs at any given time.

It is always heartening to see the changes in children and their families when the difficulties they are experiencing resolve, based on the support and attention of the family workers and the service system into which the families are linked.

Lower Hume IFS are involved in capacity building activities, including chairing the Wallan District Community Network Meeting and strengthening relationships with key universal services such as the Maternal and Child Health Nurses, schools, general practitioners, and the police. Staff are also now tracking contact with stakeholders in Southern Mitchell with a view to promoting FamilyCare's services, improving referral processes and outcomes, identifying trends and issues, and informing planning and coordination.

Group Programs

Group programs run by Child & Family Services vary according to community need, staff qualifications and program planning. Programs that can be offered include parenting groups, programs for children and playgroups. The groups may be run for a number of weeks consecutively or may be one off sessions.

• Playgroup offers an environment where parents can spend time with their babies/toddlers playing games and engaged in activities. It allows parents an opportunity to meet others and improve their social and support networks. Parents can share their experiences, improve their parenting skills and also build the relationship with their child in a fun, friendly environment. The group offers children the chance to make new friends, learn social skills and develop new abilities.

Supported playgroups are held in Shepparton, Cobram and Yarrawonga on a weekly basis during school terms with 45 families using the groups this year.

• The Perinatal Depression Support Group was established to support women dealing with depression and anxiety before and after the birth of a child and to help them adjust to motherhood. It is a safe, non-judgmental environment that provides an opportunity for women to share experiences and gain mutual support. If issues arise, discussion and education can be provided as necessary.

Children are welcome and there are 2 trained PANDA (Post & Antenatal Depression Association) workers available to assist along with five trained volunteers.

The group is a very fluid model and takes on a life of its own depending on the number of participants and their needs on the day. The PDS Program is based on the knowledge that treatment and support is most successful when using a combination of interventions including the person, their family and their social system.

The Perinatal Depression support group operates every Tuesday from 11am -1pm during school terms with 24 registered mothers in attendance over this last year.

Examples of tasks for the volunteers:

Volunteer 1 – Assists a first time single mother with twins. This mother has no family supports in Australia. The volunteer provides assistance with her shopping, helps bath and prepare the twins for bed, assists with appointments and is available for phone contact when client needs reassurance.

Volunteer 2 – Assists a young mother who has three children under three years of age. The volunteer goes to the family home and assists where needed – mostly role modelling play with the children as well as entertaining them while mother gets some of her jobs done.

Volunteer 3 – Assists an older first time mother (pregnancy unplanned) who has no local support. This volunteer offers the mother someone to talk to and assist with practical support.

• Caring 4 Kids is a short-term parenting program incorporating group sessions and home visits. The groups allow parents to meet new people, share experiences and learn about children's behaviours and development in a fun, relaxed atmosphere. Caring 4 Kids has been offered in Cobram and Yarrawonga with very positive feedback.

• Lower Hume Child and Family Services developed and delivered two fourweek, eight-session Girls, Girls, Girls pilot programs at Wallan Primary School this year – one starting in April and the other in July. The programs were aimed at girls aged between ten to thirteen years and focused on developing positive beliefs about body image and improving self-esteem. Initial evaluations indicated that the program was highly successful and there is an interest to expand the program to other schools across the Lower Hume education cluster. Subject to funding we would like to expand the program to engage more students across grades five and six, including a boys' component. We would also like to involve parents, staff, and local secondary school students in co-facilitation and mentoring.





Parent Child Program (PCP)

The Parent Child Program incorporates a specialised day unit for mothers, fathers and/ or carers of babies less than 12 months old who are experiencing challenges such as attachment, sleeping and feeding patterns and the impact on the adult relationships.

Our team of early childhood professionals provide therapeutic interventions to women and their families, including individual parent/infant interaction, counselling, practical advice, support and group work. Last year 506 families received services from the Parent Child Program Early Years workers.

Help at Hand

Lower Hume Child and Family Services identified that particular families were stuck in negative patterns and needed more practical and intensive service provision that would complement case management. Successful funding submissions to the Victorian Women's Trust, the Sidney Myer Fund, and the Myer Foundation facilitated development and delivery of Help at Hand – A Parenting Support Program. The aim of the program was to empower families to make positive and sustainable long-term changes.

Help at Hand targeted internally referred vulnerable families who were disadvantaged, isolated, and lacking other supports and opportunities. Its focus was on improving the everyday experience of children through working side by side with parents to complete practical tasks such as budgeting, grocery shopping, and cooking and establishing patterns and routines such as sleep, settling, meal, bath and bed time and preparing for school. The Help at Hand Case Support Worker operated on a flexible schedule and could be present in the home during busy or problematic times of the day between 8:00 am and 8:00 pm for a total of 20 hours per family. Staff also developed pre and post surveys for the case managers and the parents to gather qualitative and quantitative data. The program design and evaluations will be presented at the National Rural Remote Social Work Conference in July.

Families First & the Parent Assessment & Skills Development Programs

Families referred to either of these programs must be subject to Child Protection Intervention, have or be at risk of having a child or children placed in out of home care and have been assessed as appropriate for reunification. The service is funded by Department Human Services and operates across our service delivery area.

The past twelve months have presented many challenges and opportunities for collaborative practice. There have been sometimes robust discussions with Child Protection services where we have advocated for the most vulnerable in our community - our children. Our priority is to ensure these children have a voice and their fundamental right to safety is at the forefront of our daily work.

Collaborative work with Child Protection services enables our team to utilise their skills and knowledge to support and assist parents, enhance family functioning, reduce the likelihood of harm to their children and therefore prevent out of home placement. Prevention and support is always the primary goal, however at times there is a need for children to be placed in out of home care. This recommendation is not taken lightly by any of the parties involved, however our mandate is to ensure that the needs of children are given the utmost priority.

Refugee Minor Program

The role of the Refugee Minor Program is to support the settlement process for 'Unaccompanied Humanitarian (or Refugee) Minors' (UHM) clients and to prevent breakdown in care arrangements through early intervention and proactive measures to assist families providing care. The Department of Immigration and Citizenship (DIAC) refer all Unaccompanied Humanitarian Minor clients who reside in Victoria to the Refugee Minor Program. In the Shepparton area FamilyCare has been case contracted to provide this service.

Within the Refugee Minor Program we get to share in some fantastic achievements and highlights and this year was no exception:

- One of our clients was accepted into a pre-apprenticeship in Mechanics at TAFE after practicing his English and interviewing skills.
- Another client was successful in getting his licence at 18 after being supported to access driving lessons with RMP brokerage money and with extra support from the L2P program. He now has a permanent smile!
- One past client celebrated her wedding and she proudly invited the RMP workers to share in this special event.
- Another recently closed client was selected for the Greater Shepparton Council's LEAD Localities Embracing and Accepting Diversity project.
- And one newly arrived Unaccompanied Humanitarian Minor who commenced main stream schooling in the 4th term of year 10 last year is achieving extremely good results academically and has his goals set out for university. In many subjects he scored highest in the school!

It's great to see our Refugee Minor clients progressing so well in so many different areas!

Community Access Project

FamilyCare strives to be an organisation connected to the community, offering relevant services to its members in all their diversity. Access, equity and social inclusion are all qualities we strive to maintain. Funded internally, with Board endorsement, this project was created to more effectively engage people from CALD (Culturally and Linguistically Diverse) backgrounds and to raise awareness among CALD groups and individuals of the FamilyCare services available to them.

The project has four key focus areas:

- 1. Systemic Development
- 2. Partnerships and Community Networks
- 3. Staff and Resource Development
- 4. Community Outreach



Halima at the Shepparton English Language Centre Homework Club. Hamila agreed to have her photo added to the Annual Report – she is 18. Halima has been completing work experience with the Goulburn Valley Child & Family Services team and hopes to work in the social welfare field in the future. She has a particular interest in working with culturally diverse clients.



Community Events IFS staff were involved in 2010/11:

- Child Protection Week
- Community Reading Days
- Cultural Diversity Week
- North Shepparton Services Expo

• Refugee Week, in partnership with City of Greater Shepparton, UnitingCare Cutting Edge, Relationships Australia, Word and Mouth, TAFE and Ethnic Council.

• Children's week activities were held in Seymour, Wallan, Wandong, Cobram, Mooroopna, Tatura and Shepparton and involved local schools, agencies, and community members with staff from Child and Family Services, Aged and Disability Services, and Community Programs.

We would like to thank the families who have shared their experiences and challenges both good times and bad. Your courage and hopefulness for the future is inspiring.

We would also like to thank the staff who put themselves out there every day, to make a difference in someone's life.



Aged & Disability Services

Tony Smeaton Manager – Aged & Disability Services

FamilyCare's Aged and Disability Services offer support, activities and initiatives to assist individuals and families involved in caring relationships. The majority of services are associated with Respite, providing a break from the caring role. Considerable focus is also placed on the provision of options, education and support to maintain health, wellbeing and the ability to manage what can be challenging situations.

Programs are delivered via the Carer Support Service team and the Disability Support Service team throughout the West Hume region. The majority of activities are funded by the Victorian Departments of Health and Human Services, with funding for specific activities also sourced from the Commonwealth Government, Local Government and through grant applications to trusts and other philanthropic bodies.

FamilyCare is very fortunate to have fabulous staff working with families facing often difficult situations. I feel privileged to lead a group of Carer and Disability Support professionals whose skills and experience in the sector is only matched by their commitment to ensuring the best possible outcomes for their clients. With increasing external focus on quality systems and certification processes and impending reform to both the Aged and Disability sectors, I believe we are well placed to continue to work effectively with our clients, other service providers and the community to deliver high quality services into the future.

Carer Support Services

The Carer Support team conducts detailed needs assessments to determine the types of support or service assistance that may assist a carer in their role. This may include the provision of a substitute carer to enable the carer to take a break, other service coordination assistance, individually focussed advice or education and support.

Carer Support Services opened 1320 new cases in the 2010/11 year. These cases involved 7624 contacts with the client or other service providers, as well as 1376 occasions where services were purchased on the carer's behalf. The almost 6 contacts per case is an indicator of growing complexity as more people, particularly those who are frail aged, are supported in their home environment, mainly through the efforts of informal carers. While FamilyCare can provide a range of support options, including the provision of individual emotional or social support, it is vital to conduct holistic family assessments and engage other service providers as required to ensure optimal outcomes for the carer and the family unit.

The past few years have also seen a growing focus on the provision of relevant carer education. Sessions in 2010/11 included maintaining carer wellness, future planning (including wills, Powers of Attorney etc), and living with memory loss. Carer Support also provides support and assistance to five community-run carer support groups in the region.

FamilyCare offers an accommodation option for carers normally residing outside the area when the person they care for requires access to health services in Shepparton. Dunlop House is a 5-bedroom house located near Goulburn Valley Health and the Shepparton Private Hospital. It is available for short-term stays and is managed by the Carer Support team. The facility is also used regularly by the Shepparton Men's Shed.

The 2010/11 year saw a continuation of our commitment to undertaking research, projects and trialling new initiatives. These activities included:

• The ATSI/CALD Dementia Project that provided additional information regarding dementia and support options to people from various cultural backgrounds. This project was made possible through a grant from the Victorian Department of Health and conducted in partnership with Upper Murray Family Care.

• The Support to Older Carers initiative increased assistance and planning support to older parent/carers of people with disabilities looking to plan for future care needs and other contingencies. The initiative was lead by Uniting Care Goulburn North East with FamilyCare undertaking assessment and planning activities in the West Hume region.

• A project tracking the caring role after the care recipient moves into a residential care facility, conducted under the Victorian Primary Health Care Research, Evaluation & Development Program, was referred to in the 2009/10 Annual Report. The main finding of this research was that the caring role and attendant pressures, usually continued for the carer, albeit in a changed setting. It has provided a sound basis to design and trial appropriate service responses with development work continuing in 2010/11.

The Commonwealth Government National Respite for Carers Program (NRCP) continued to fund the FamilyCare Employed Carer Respite Program throughout 2010/11. This program assists carers who are working or undertaking study to balance their employment obligations with their caring role. The program has proven to be of significant benefit to the 40 employed carers receiving support via the program. An external audit via an NRCP Quality Review confirmed the high quality of the program.

Disability Support Services

The activities and programs offered by FamilyCare's Disability Support Services are also predominantly respite-based but are targeted towards families of children and young people aged up to 21 years of age, who have a disability. As with the Carer Support Service, detailed assessment and care planning activities are undertaken and service coordination or referral assistance, advice, education and support is provided as required to individuals and families.

A range of community-based group respite programs are also offered. These include:

• The School Holiday Program includes a range of activities throughout each school holiday period. While providing a respite option for parents (particularly those who work), the program delivers enjoyable and educational activities for participants. Throughout 2010/11, 167 client days or 1362 hours of respite were provided through this program.

• The Afternoon Recreation Program operates during school terms on three afternoons per week from 3.30 pm to 5.30 pm. This period was identified as a key respite priority,

particularly for working parent/carers and following further review has been extended to 6pm. This program was offered in Shepparton only during 2010/11 and was extremely popular with 911 episodes and 2049 hours of respite provided. Activities are recreation-based and are varied from term to term. This year's activities included Cooking, Auskick, Glee Club, Tai Kwon Do, Bowling, Dancing, Swimming, Volleyball and Aussie Hoops Basketball.



• The Friendship Group is an initiative developed by FamilyCare in response to a recognised increase in requests for support for families of children and young people with Autism Spectrum Disorders (ASD). During 2010/11 the initiative was undertaken in partnership with the Greater Shepparton City Council and the Foundation for Rural and Regional Renewal (FRRR). This service offers a structured, safe, supportive and age appropriate program to assist and educate young people with high functioning ASD or social differences to develop or enhance social and living skills.

Programs operate with 6-10 participants and cover a range of topics. Parent or other family members are included at times to ensure consistency and that optimal family outcomes can be achieved. Evaluation and feedback processes associated with the program indicate positive outcomes for both participants and their families, particularly in increasing social skills and confidence as well as reducing adverse behavioural issues.

• The Young Adult Social Group is offered monthly to young people aged between 16 and 21 years. The program aims to provide a supported social outlet, while promoting skills in community interaction and assistance in the transition to adult community support services.

• The Busy Bees program operates in a play group format and was established to assist families with babies or pre-school children with disabilities or medical conditions. The program provides peer support, education and information on issues faced when caring for a young child with a disability and in navigating the service sector. The program operated in Shepparton and Cobram during 2010/11.

FamilyCare's ability to deliver, and the quality of the programs offered is due in no small part to the contribution made by volunteers. The Host Program, for example, is totally reliant upon a volunteer Host/Host family providing care on a regular basis for a child or young person with a disability which enables the child's parents to have a break from their caring responsibilities. Throughout the 2010/11 year over 2500 hours of respite was provided to families of children with disabilities via the Host program.

Volunteers are also a key component of our group and recreational respite activities. Many people from all walks of life give up their time, attend training and turn up to work alongside FamilyCare personnel to assist children and young people to develop social and living skills while being involved in enjoyable activities. Throughout the year, and in addition to the contribution made to the Host program, volunteers provided over 1200 hours of assistance to our recreation programs.

Overall, for the 2010/11 year, through group recreational respite activities and more individually focussed Host activities Disability Support Services provided over 8000 hours of respite to families of children or young people with disabilities. Over 150 families received a direct service through these programs. There were also many more hundreds of hours of indirect support, advice, education or informal assistance provided by the dedicated and highly skilled Disability Support team.





Telling Their Stories.....

FamilyCare exists to support its clients. The following stories put a human face to the work we do. (Please note - the names of clients have been changed to protect the privacy of those involved. Thank you to those who have agreed to share their stories.)

Bobs Story:

The following is a typical example of a complex case managed through the Carer Support Service.

Bob, 79, cares for his wife Margaret, 81, who has Alzheimer's disease. Carer Support Services received a referral for Bob from the local Aged Care Assessment Service (ACAS). ACAS had assessed Margaret and given approvals for high level residential respite and permanent care as well as for an Extended Aged Care at Home (EACH) Dementia package, which Margaret was waitlisted for. Bob had noticed a significant recent decline. Margaret also had significant arthritis which affected her mobility and ability to transfer, producing some recent falls. Margaret was hearing impaired and her comprehension was significantly affected. Margaret was reliant on Bob for all daily activities and personal care. Bob and Margaret's children all live interstate so the support they could offer Bob was minimal.

Carer Support Services made contact with Bob to arrange a carer needs assessment. Bob was unable to leave Margaret alone for any period of time. Bob himself had a bad back and was finding the physical aspects of caring for Margaret, particularly showering, increasingly difficult. A Home and Community Care (HACC) assessment had been previously conducted by the local Council but no services were provided at the time because it was determined they were not needed. Carer Support Services were able to arrange a HACC reassessment for regular respite, personal care and home care provision as well as arranging for the District Nurses to assist with Margaret's showering. A referral was made to an Occupational Therapist to undertake an assessment for appropriate mobility and living aids to assist Margaret. As a result of this a wheelie walker was recommended and Carer Support Services were able to assist with the purchase. Respite was provided via Carer Support Services until such time as the HACC reassessment took place. Once HACC was in place, Carer Support Services were able to provide additional respite support to Bob as needed.

Bob also attended information sessions that were facilitated by Carer Support Services and respite was put in place on these days to enable him to attend. Bob was experiencing loss and grief issues and was struggling to adjust to the many changes in his life as a result of the rapid deterioration of Margaret's health. Carer Support Services were able to link Bob into some counselling support to assist in addressing some of these concerns.

Unfortunately only 6 months after coming into contact with Carer Support Services, Bob had to make the difficult decision to move Margaret into permanent residential care as her condition had further deteriorated and he was unable to continue to meet her high care needs at home. Although this was very difficult for Bob, he was comforted by the knowledge that with community service support he had been able to keep Margaret living at home for as long as was physically possible for him.

Families have their say...

If it wasn't for FamilyCare my family would have been living on the streets so thank-you very much.

Enabled my son to get along with others and enjoyment they loved it when Emma came.

Basically gave me reassurance that I was doing the right thing - something every parent needs.

Helped me better understand my kids and be a more confident mother.

My kids are happy with their school. The service helped me, and my kids are now living in a home, and I am really happy that I have the support.

They helped me to understand the resources in the community so I could use what I learned to help myself and my family.

I liked that the worker could meet with my son after her normal working hours. My kids loved to have some toys and books again after we left behind everything in the moves. It was great to feel some pride in being a parent again.

It is good to know that there are people who genuinely care and others families do get past the problems. With the workers help we did too. Thanks FamilyCare Den Jamifer Matthews, I love to cay thank you very much to Janifes and zone for bring working after me. I'll never forgot your help and so nice with me. I never had some in my life to looke after one and being sookind eccept my mum and clock you were same as my family with me It was a great a putunity when I had in Australia. When I been which some for I was thought I'm with my mum. And also thanks for all things when you bought for me such as bik food, kack, and money. If you didn't help me with most of the things I'll you didn't help me with most of the things i'll stop my steedy and going to other way, and because of your help I did my steedy and I don't have much prowith specking. your help I did my steedy and I don't have much prowith specking.

Parent Child Program:

Jess is 29yrs old and referred to the Parent Child Daystay Program by her MCHN to Child FIRST. Jess has a 10 month old daughter Monika and is 6 months pregnant. MCHN identified that Jess is not coping with Monika's poor sleep and her changing behaviour and Jess has unrealistic expectations.

Jess has indicated that she would like to make changes before her second child is born. Jess stated that she didn't have transport and staff arranged for Jess and Monika to be transported to the daystay unit.

Jess revealed that she was living in temporary housing as she has just left a violent relationship with the father of Monika and her unborn child; Monica is not a good sleeper and is a nervous child. Jess is struggling with diagnosed depression and in need of considerable practical support. This pregnancy was not planned and Jess has no family support locally and is quite isolated. She has contact with a Domestic Violence worker through the local Community Health Service.

On arrival at the unit Jess stated that Monika had a bottle at 7am and breakfast of rice cereal prior to arrival. Monika presented as a healthy infant developing within her normal parameters as recorded in her Personal Health Record Book with all her immunisations up to date. Both mother and child appeared overtired and stressed.

Jess stated that Monica doesn't have day sleeps and only catnaps on the lounge room floor when she finally falls asleep and Jess cradles her to sleep at night. Monika displayed obvious tired signs which Jess was unable to identify stating that she thinks Monika is just a cranky baby. The worker discussed children's tired signs and sleep requirements and suggested putting Monika to bed and give her the opportunity to self-settle. Jess changed Monika's nappy and was observed to handle her confidently with lots of appropriate interaction despite her own mental health issues. Monika was put to bed and required intermittent settling strategies which Jess implemented and Monika was asleep within 30 minutes and sleept soundly for 2 hours.

During this period the early years staff were able to conduct a holistic assessment and increase Jess' understanding of Monika's age appropriate development and needs. During the assessment of her situation and with her permission also arranged the following professional appointments.

- · General practitioner to address her pregnancy and mental health issues
- Appointment with local hospital Ante Natal Clinic
- Establish relationship with MCHN
- Attendance at FamilyCare's supported playgroup
- Material Aid request with Pregnancy Support Service
- Organised Community transport for appointments out of the area
- Referral to Child First for Integrated Family Services, Jess will require ongoing support to assist
 managing her personal affairs and to arrange care for Monika when she goes to hospital for delivery.

Monika woke after a 2 hour sleep and Jess commented on how refreshed and how happy and manageable she was. Jess prepared Monika a nutritional lunch and was able to enjoy and engage in appropriate floor play.

Jess identified that Monika was getting tired and prepared her bottle and offered Monika same which she tolerated well. Staff suggested transporting them home and settling Monika into her own cot which was checked to comply with SIDS recommendations. Staff remained until she had settled Monika to sleep and Jess achieved this within 30 minutes.

Jess very happy with the achievements throughout the day and further follow up and connection with a case worker occurred with positive outcomes.

Other client feedback taken from the client evaluation surveys

Before using the service I did not trust my judgement when it came to issues over my daughters sleeping routine. The service gave me the knowledge and reassurance I needed to make firm decisions and create a constant pattern.

The day stay sleep program has made a huge difference to our lives for the better. Day Stay has helped both me and my child get more rest throughout the day/night and increased my happiness due to more sleep.

Margaret gave me the gift of sleep it made a huge difference to my stress levels, time, happiness and this made a difference for everyone in my family.

My daughter's change in sleeping habit are fantastic, thank-you Margaret, you are my saviour.

At a glance ... key FamilyCare Service Statistics – 2010/11

Child & Family Services*

Program	Services Provided
Integrated Family Services**	372
Parent Child Program**	437
Refugee Minor Program**	6
Families First**	43
Groups	69
Men's Programs	248
Bushfire Community Support	69
Education and Training activities	158
No Interest Loans Scheme (new loans written)	62

*Incorporates activities previously reported under "Community Programs" **This figure refers to new clients only.

Aged & Disability Services

Service Type	Total Services Delivered	Service Hours
Carer Support – Aged Cases	771	2281.75
Carer Support – Disability Cases	382	6391.43
NRCP – Employed Carers	N/A	3117.5
Disability - Respite	1554	8080

Dunlop House

Aged & Disability Services also provide accommodation at Dunlop House for carers who need to stay close to the GV Hospital. The garage of Dunlop House is also utilised for Men's Shed sessions.

Dunlop House	
Total Bed Nights	312
Men's Shed Sessions	104

Organisational Chart



GOULBURN VALLEY FAMILY CARE INC. ABN: 99 572 820 584 COMMITTEES REPORT

Your committee members submit the financial report of the Goulburn Valley Family Care Inc. for the financial year ended 30 June 2011.

Committee Members

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

Betty Dale Tim Gubbins Albert Kellock Aileen Kemp Marina Klooster Narelle Pell Sally Wright Sosan Bakal Geoff Adams Marshall Richards Rashidi Sumarli Jenni Craggs (appointed 24/05/2011) Peter Mithen (resigned 20/05/2011) Jon Griffin (resigned 10/11/2010)

Principal Activities

The principal activities of the association during the financial year were: - to provide welfare, carer and disability support services to families and to young people.

Significant Changes

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

Operating Result

The loss after providing for income tax amounted to \$93,536. Signed in accordance with a resolution of the Members of the Committee.

Aleen Kemp **Committee Member**

flelle

Committee Member

Dated this	101	dav of	October	2011
Dated this	.0	uay or	Univer	2011

GOULBURN VALLEY FAMILY CARE INC. ABN: 99 572 820 584 STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2011

	Note	2011 \$	2010 \$	
Revenue	2	7,039,499	8,640,018	
Employee benefits expense		(4,953,691)	(5,069,970)	
Depreciation and amortisation expense	3	(488,368)	(442,775)	
Other expenses		(1,690,976)	(2,378,313)	
Profit before income tax		(93,536)	748,960	
Income tax expense		-	-	
Profit for the year		(93,536)	748,960	
Profit attributable to members of the entit	у	(93,536)	748,960	

The accompanying notes form part of the financial statements.

GOULBURN VALLEY FAMILY CARE INC. ABN: 99 572 820 584 STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2011

	Note	2011 \$	2010 \$
Profit for the year		(93,536)	748,960
Other comprehensive income after incom	ne tax:		
Net (loss)/gain on revaluation of financial	assets	-	-
Other comprehensive income for the year,	net of tax	-	-
Total comprehensive income for the ye	ar	(93,536)	748,960
Total comprehensive income attributable t	-	(93,536)	748,960
members of the entity	-		

GOULBURN VALLEY FAMILY CARE INC. ABN: 99 572 820 584 STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2011

	Note	2011 \$	2010 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	1,704,113	1,311,459
Trade and other receivables	6	159,978	193,676
Other current assets	7	18,637	7,250
TOTAL CURRENT ASSETS		1,882,728	1,512,385
NON CURRENT ASSETS			
Property, plant and equipment	8	6,088,113	6,585,364
TOTAL NON-CURRENT ASSETS		6,088,113	6,585,364
TOTAL ASSETS		7,970,841	8,097,749
LIABILITIES	_		
CURRENT LIABILITIES			
Trade and other payables	9	1,224,927	1,306,205
TOTAL CURRENT LIABILITIES		1,224,927	1,306,205
NON CURRENT LIABILITIES	_		
Trade and other payables	9	142,029	91,208
Borrowings	10	228,657	231,572
TOTAL NON CURRENT LIABILITIES		370,686	322,780
TOTAL LIABILITIES		1,595,613	1,628,985
NET ASSETS		6,375,228	6,468,764
EQUITY			
Reserves	11	1,443,539	1,443,539
Retained earnings	_	4,931,689	5,025,225
TOTAL EQUITY	_	6,375,228	6,468,764

The accompanying notes form part of these financial statements.

GOULBURN VALLEY FAMILY CARE INC. ABN: 99 572 820 584 STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2011

	Retained Earnings	Asset Reserve	Total
	\$	\$	\$
Balance at 1 July 2009	4,276,265	1,443,539	5,719,804
Comprehensive income			
Profit for the year	748,960	-	748,960
Total Comprehensive income	748,960	-	748,960
Balance at 30 June 2010	5,025,225	1,443,539	6,468,764
Comprehensive income			
Profit for the year	(93,536)	-	(93,536)
Total Comprehensive income	(93,536)	-	(93,536)
Balance at 30 June 2011	4,931,689	1,443,539	6,375,228

The accompanying notes form part of these financial statements.

GOULBURN VALLEY FAMILY CARE INC. ABN: 99 572 820 584 STATEMENT OF CASH FLOWS FOR YEAR ENDED 30 JUNE 2011

	Note	2011 \$	2010 \$
CASH FLOWS FROM OPERATING ACTIVITIES Receipts from customers		7,013,988	8,561,527
Payments to suppliers and employees		(6,685,883)	(7,361,163)
Interest received		88,104	84,174
Net cash provided by/(used in) operating activities	14	416,209	1,284,538
CASH FLOWS FROM INVESTING ACTIVITIES Proceeds from sale of property, plant and equipmen	nt	339,355	150,454
Purchase of property, plant and equipment		(359,995)	(1,435,606)
Net cash provided by/(used in) investing activities		(20,640)	(1,285,152)
CASH FLOWS FROM FINANCING ACTIVITIES Repayment of borrowings		(2,915)	(650,793)
Net cash provided by/(used in) financing activities		(2,915)	(650,793)
Net increase/(decrease) in cash held		392,654	(651,407)
Cash and cash equivalents at beginning of financia	l year	1,311,459	1,962,865
Cash and cash equivalents at end of financial year	5	1,704,113	1,311,458

The accompanying notes form part of these financial statements.

The financial statements cover Goulburn Valley Family Care Inc. as an individual entity. Goulburn Valley Family Care Inc. is an association incorporated in Victoria under the associations Incorporations Act 1981.

Note 1 Summary of Significant Accounting Policies

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations and the Associations Incorporations Act 1981.

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

The financial statements have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Accounting Policies

(a) Income Tax

The company is exempt from income tax as it was established for community service purposes. Accordingly, no provision for income tax has been allowed in the financial accounts.

The financial statements were authorised for issue by the members of the association.

(b) Property, Plant and Equipment

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

Plant and equipment

Plant and equipment is measured on the cost basis and is therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).

The cost of fixed assets constructed by the association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised in profit or loss during the financial period in which they are incurred.

Depreciation

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

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

Class of Fixed Asset	Depreciation Rate
Land & Buildings	2.5-33%
Motor Vehicles	15%
Furniture & Fittings	15-30%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at each balance date.

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 and losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation relating to that asset are

(c) Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

(d) 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 matu rities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the statement of financial position.

GOULBURN VALLEY FAMILY CARE INC.

ABN: 99 572 820 584

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

(e) 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 fi nancial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established. Revenue from the provision of membership subscriptions is recognised on a straight line basis over the financial year. All revenue is stated net of the amount of goods and services tax (GST).

(f) Borrowing Costs

Borrowing costs directly attributable to the acquisition, construction or production of assets that necessarily take a substantial period of time to prepare for their intended use or sale, are added to the cost of those assets, until such time as the assets are substantially ready for their intended use or sale.

All other borrowing costs are recognised in profit or loss in the period in which they are incurred.

(g) Goods and Services Tax (GST)

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position,

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(h) Comparative Figures

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

When the association has retrospectively applied an accounting policy, made a retrospective restatement or reclassified items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

(i) 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 that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(j) 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 benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

Note 2 Revenue and Other Income

Goulburn Valley Family Care Inc. is reliant on government and other funding sources to continue its operations.

	2011	2010
Revenue	\$	\$
 — State Funding / Grants 	5,768,281	7,364,436
 Commonwealth Funding / Grants 	488,208	518,675
 Contributions 	37,327	47,006
 Other Revenue 	533,077	297,689
 Income from Investments 	88,104	84,174
 Fundraising 	154,025	137,453
 Other Funding 	-	237,001
 Sale of Plant and Equipment 	(29,523)	(46,416)
Total Revenue	7,039,499	8,640,018
Note 3 Profit for the year	2011	2010
(a) Expenses	\$	\$
Depreciation of property, plant and equipment.	488,368	442,775
Note 4 Auditors' Remuneration	2011	2010
	\$	\$
Remuneration of the auditor of the association for:		
— auditing or reviewing the financial report	14,643	10,100

Note 5	Cash and Cash Equivalents				
			Note	2011	2010
				\$	\$
Cash at b	ank and in hand			498,786	256,036
Short-ter	m bank deposits			1,205,327	1,055,423
			15	1,704,113	1,311,459
Reconcilia	ation of cash				
Cash at tl	he end of the financial year as shown	in the			
	t of cash flows is reconciled to items i	n the		1,704,113	1,311,459
	t of financial position as follows: cash equivalents				
Casil allu	cash equivalents			1,704,113	1,311,459
Nata C					
Note 6	Trade and Other Receivables			2011	2010
			Note	\$	\$
CURRENT			Hote	Ŷ	*
Other rec				159,978	193,676
Total curr	ent trade and other receivables		15	159,978	193,676
	AL ASSETS CLASSIFIED AS LOANS AND				
RECEIVAB					
	other receivables				
Total curr	ent trade		15	159,978	193,676
Note 7	Other Current Assets				
,				2011	2010
CURRENT				\$	\$
Prepayme	ents			18,637	7,250
				18,637	7,250
Note 8	Property, Plant and Equipment				
				2011	2010
				\$	\$
Motor Ve	hicles				
At cost				870,191	1,226,688
Accumula	ated depreciation			(163,933)	(240,267)
0.6				706,258	986,421
Office equ	ulpment				
At cost	ated depreciation			503,913 (348,156)	497,065 (300,920)
	ehold improvements			155,757	196,145
locaricas				וכזיככי	190,145
Land and	buildings				
	nd valuation			6,517,129	6,469,720
Accumula	ated depreciation			(1,291,031)	(1,066,922)
				5,226,098	5,402,798
	nts in carrying amounts				
	nt in carrying amounts for each class of	property, plant an	d equipment betv	veen the beginning	g and the end of
the currer	nt financial year:				
		Motor Vehicles	Office	Land and	Total
		\$	Equipment \$	Buildings \$	\$
Balance a	it 1 July 2009	716,087	, 187,702	ء 4,885,614	5,789,403
Additions	-	608,370	94,680	709,059	1,412,109
			J ,	1 - 51 - 55	.,

Balance at 1 July 2009	716,087	187,702	4,885,614	5,789,403
Additions	608,370	94,680	709,059	1,412,109
Disposals	(188,766)	15,393		(173,373)
Depreciation expense	(149,270)	(101,630)	(191,875)	(442,775)
Balance at 30 June 2010	986,421	196,145	5,402,798	6,585,364
Additions	230,414	82,172	47,409	359,995
Disposals	(348,174)	(20,704)		(368,878)
Depreciation expense	(162,403)	(101,856)	(224,109)	(488,368)
Carrying amount at 30 June 2011	706,258	155,757	5,226,098	6,088,113

Note 9 Trade and Other Payables

Note 9 Trade and Other Payables	Note	2011	2010
		\$	\$
CURRENT		·	
Trade payables		572,567	680,122
Employee benefits	9a	389,486	333,760
Income in Advance		262,874	292,323
		1,224,927	1,306,205
NON-CURRENT			
Employee benefits	9a	142,029	91,208
		142,029	91,208
Financial liabilities at amortised cost classified as trade and other payables			
Trade and other payables			
- total current		1,224,927	1,306,205
- total non-current		142,029	91,208
		1,366,956	1,397,413
Less employee benefits		(531,515)	(424,968)
Financial liabilities as trade and other payables Collateral pledged: No collateral has been pledged for any of the trade and other payable balances.	15	835,441	972,445
Note 10 Borrowings			
U U		2011	2010
		\$	\$
NON-CURRENT		228,657	231,572
Loans		228,657	231,572
Total Borrowings	15	228,657	231,572

The bank loan is secured by a first mortgage over the freehold property at 49 Broadway Street, Cobram.

Note 11 Reserves

General Reserve

The general reserve represents funds set aside for future expansion of the association.

Financial Assets Reserve

The financial assets reserve represents the cumulative amount of fair value gains/losses recognised in other comprehensive income in remeasuring the investments in listed shares available for sale.

Note 12 Events after the Reporting Period

There were no matters or circumstances that have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company.

Note 13 Related Party Transactions

Key Management Personnel a.

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the indirectly, including its committee members, is considered key association, directly or management personnel.

2011	2010
\$	\$
188,219	184,596
16,727	15,679
204,945	200,275
	\$ 188,219 16,727

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

Note 14 Cash Flow Information		
	2011	2010
	\$	\$
Reconciliation of Cash Flow from Operations with		
profit after Income Tax		
Profit after income tax	(93,536)	748,960
Cash flows excluded from profit attributable to operating	(9),))()	740,900
activities		
Non-cash flows in profit		
— Depreciation	100 - 60	4 4 2 775
 Depreciation Net (gain)/loss on disposal of property, plant and 	488,368 29,523	442,775 46,415
equipment	-272-3	+°,+'J
Changes in assets and liabilities, net of the effects of		
purchase and disposal of subsidiaries		(
 (Increase)/decrease in trade and term debtors 	33,070	(40,732)
 — (Increase)/decrease in prepayments 	(11,387)	(3,950)
 Increase/(decrease) in trade and other payables 	(136,377)	(22,007)
 Increase/(decrease) in provisions 	106,548	113,077
	416,209	1,284,538

Note 15 Financial Risk Management

The association's financial instruments consist mainly of deposits with banks, accounts receivable and payable. The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2011 \$	2010 \$
Financial Assets			
Cash and cash equivalents	5	1,704,113	1,311,459
Loans and receivables	6	159,978	193,676
Available-for-sale financial assets:			
Total financial assets		1,864,091	1,505,135
Financial Liabilities Financial liabilities at amortised cost:			
— Trade and other payables	9	1,224,927	1,306,205
— Borrowings	10	228,657	231,572
Total financial liabilities	_	1,453,584	1,537,777

Financial Risk Management Policies

The association's Treasurer is responsible for, among other issues, monitoring and managing financial risk exposures of the association. The Treasurer monitors the association's transactions and reviews the effectiveness of controls relating to credit risk, financial risk and interest rate risk.

The Treasurer's overall risk management strategy seeks to ensure that the association meets its financial targets, while minimising potential adverse effects of cash flow shortfalls.

Note 16 Association Details

The registered office of the association is: Goulburn Valley Family Care Inc. 19 Welsford Street Shepparton VIC 3630

The principal places of business is: Goulburn Valley Family Care Inc. 19 Welsford Street Shepparton VIC 3630

GOULBURN VALLEY FAMILY CARE INC. ABN: 99 572 820 584 STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee the financial report as set out on pages 2 to 11:

- 1. Presents a true and fair view of the financial position of Goulburn Valley Family Care Inc. as at 30 June 2011 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
- 2. At the date of this statement, there are reasonable grounds to believe that Goulburn Valley Family Care Inc. will be able to pay its debts as and when they fall due.

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

Aben Ker Committee E flella Committee 10th day of October 2011 Dated this

GOULBURN VALLEY FAMILY CARE INC. ABN: 99 572 820 584 INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF **GOLUBURN VALLEY FAMILY CARE INC.**

Report on the Financial Report

We have audited the accompanying financial report of Goulburn Valley Family Care Inc. (the association), which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act 1981 and for such internal control as the committee determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 judgment, including the assessment of the risks 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 of the financial report that gives a true and fair view 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 appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

In our opinion, the financial report of Goulburn Valley Family Care Inc. is in accordance with the Associations Incorporation

Act 1981, including:

(i) giving a true and fair view of the company's financial position as at 30 June 2011, and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards.

Auditor's signature: Lite Dicknell

Auditor's address: **MB+M Business Solutions** 23 Nixon Street Shepparton VIC 3630

10th day of October Dated this 2011

Acknowledgements

FamilyCare's services could not be provided without the constant support of our major funding bodies and the outstanding contribution of local communities in assisting us to fundraise, through functions and donations.

Your generosity enables us to deliver and develop our services to meet the ever-changing needs of the community.

From the Board of Directors, Management and Staff we thank you.

Major Funding Partners:

Department of Human Services Department of Families, Housing, Community Services and Indigenous Affairs Department of Health and Ageing Department of Planning and Community Development Department of Justice National Australia Bank Tracy BMW McPherson Motors

Councils:

Greater Shepparton City Council Mitchell Shire Council Shire of Campaspe Mansfield Shire Council Murrindindi Shire Council Moira Shire Council

Relationship with 'Lead Agency' community partners:

CentaCare Good Shepherd Youth & Family Service

Individual Businesses:

Applite Pty Ltd Australian Home Care Bolton's Office National **Bradley Fennell Garden Specialists Brown Baldwin Accountants** Bruce & Judy Kirkham **Bruce Prince Carpet Court** Commonwealth Bank of Australia Cellar 47 **Chilcott Real Estate** Col Haigh CSR Building/Bradford **Department of Human Services** DMS Davlan **Elders** Insurance Elsana Pty Ltd – Jim Mitropoulos **Finer Floors** Future Metals Pty Ltd Game Traffic Management Gary & Erane Goodman Gary Holland **GB** Coffee Geoff O'Sullivan Insurance Brokers **Gisborne Golf Club** G J Lewis Homes GL & DC Marshall

Trusts and Foundations:

Victorian Women's Trust (incorporating The Collie Foundation) Foundation for Rural and Regional Renewal (incorporating The Thomas Foundation) Sidney Myer Fund

Media Support:

Shepparton News WIN Television Southern Cross Media Group ABC Radio AdMedia Australia – Nigel Parsons The Shepparton Adviser One FM 98.5

FamilyCare Golf Day Fundraising Committee:

Michael Zurcas Kerri Bradshaw Rex Collard Peter Eddy Peter Garrett Gary Goodman Don McCaffrey

Goulburn Valley Imaging Goulburn Valley Property Services Griffiths Goodall Insurance Brokers P/L **Heywoods Shepparton Motor Panels** IGA Integrating Technology Jeff Young Jesses Fashions John Anderson John Morrow Refrigeration Kevin & Boyd Dainton - Daitronics Kevin Hicks Real Estate Linemasta Madisons Cafe Mathieson Motors Mawsons McDonalds - Shepparton Med-Con Pty Ltd Michael Sepe GV Market Fresh Monogram Man National Australia Bank Neverfail OKE'S Toy Warehouse Olive House P & O Trans Australia PFD - Rick Smith **Prominent Group**

Jeff Tracy Kevin Dainton Neil Smith Gary Chapman Alan Keat Libby Walker

Riordan Legal Lawyers Ross Thomson Sam Miranda King Valley S & G O'Sullivan **Sessions Builders Shellie Tiling** Shepparton Golf Club Shepparton Newspapers Pty Ltd **Shepparton Optical Services** Sherbourne Insurance Solar City Office Equipment Statewide Pest Control Steeline **Tatura Racing Club Teller Restaurant Total Plaster Supplies Tradelink Plumbing Centres Troy Jones Ultimate Fasteners** Valley Finance Vincent Chrisp Adams Architects Verney Road School Worktrainers Limited Zurcas Coolstores & Packaging P/L



SHEPPARTON

19 Welsford Street, PO Box 1069 Shepparton VIC 3632 P: 0358 237 000 f: 0358 311 917 www.familycare.net.au

COBRAM

WALLAN

KINGLAKE

SEYMOUR 64 High Street, PO Box 457 Seymour VIC 3660 p: 0357 354 600 f: 0357 990 016 www.familycare.net.au

ALEXANDRA