



About Us

Huntington's Victoria is the only specialist service in Victoria to support and assist people affected by Huntington's Disease (HD).

Our Mission

To sustain a high quality of life for people affected by Huntington's, their carers and their family, while supporting and encouraging research towards a cure.

Our Vision

People affected by Huntington's disease living meaningful and hopeful lives as valued members of the community; with equitable, timely access to resources and empowered choices for care and support of the highest quality.

Our Objectives

Through our service we:

- Provide high quality services to those impacted by HD including clients, carers and family
- Support, understand and communicate high quality research that informs better care and leads to a cure
- Advocate on behalf of HD clients, carers and family to ensure high quality services and research
- Ensure Huntington's Victoria is a sustainable organisation

Huntington's Victoria Board 2010-11

President	Angela Weller
Vice President	Janise Mitchell (resigned 25 August 2010)
Treasurer	Anne Sanderson
Committee Members	Helen Walsh Faye Faulkner Richard Weston Judy Mackenzie (resigned 24th November 2010) Fran Poisson (appointed 27th of October 2010)

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President's Report 2011

"This year has been one of consolidation, connection and a very important event for Huntington's Victoria."

At the beginning of this financial year we moved into our "current home" and have enjoyed our past 15 months here. It has proven to be a great space for clients, staff and professionals. We have seen an increase in families connecting with our service in

our new location through the utilisation of this office as a community space by which to facilitate networking opportunities. We have continued to consolidate our service provision in providing a range of support services to the Huntington's community. I have had an opportunity to speak with a number of community members at the various HV events throughout the year and reports thus far have been extremely encouraging.

In May we launched our new website which provides a much needed resource to those seeking information and support about HD and also about the organisation. The virtual library is a wonderful example of how information can be made accessible by being able to download the relevant information online. Professionals and family members now have the ability to make a referral to our service via our website or register for an event online. The feedback from our many community members has emphasised that these improvements have been worthwhile, and this is supported by the number of 'hits' on the website.

This financial year we continued building on our connections to key stakeholders an area of significant development during the year. Tammy's promotion into General Manager of Huntington's Victoria aided this process whereby Tammy forged collaborative partnerships whilst participating on a number of advisory committees which included the Victorian My Future My Choice Advisory Committee, the Huntington's Research Group of Victoria (HRGV) and the ISP Leadership Group. The relationships with these key professionals and committees provide important opportunities for HV in areas such as direct service provision, research as well as advocacy.

Once again the HV team have made an outstanding contribution in the provision of services and the planning and delivery of our individual programs in order to continue to respond to the needs of those to whom we provide services.

Tammy and the staff at HV continue to show a compassionate commitment to all of those involved with and affected by Huntington's disease. I would like to thank Tammy for her remarkable leadership and to all the staff for another year of professional service provision.

The Board of Huntington's Victoria are a small but dedicated group of people who have committed their time and expertise to supporting and developing the work of the organisation. The Board share a vision around providing services which promote hope dignity and awareness in the lives of those affected by HD. The board are committed to being accountable within a governance structure and therefore are in the process of reviewing and updating our organisational constitution in line with legislative requirements. As part of this process we will require the support of our community to endorse the new constitution. I would once again like to take this opportunity to thank the board for their timeless efforts and contributions to the organisation and the community.

The future is exciting for all involved with HV. We will continue to strive to connect with our community to provide services that are both relevant and accessible.

To this end we are in the process of developing a regional service which will hopefully be operating in the next financial year. However this is something that Tammy and the organisation will communicate with the community in the coming months.

We welcome your ongoing involvement and communication with us about the issues that are important to you the Huntington's community so that we as an organisation can continue to align our services with the needs of the community. We trust that the next financial year will surpass the expectations and high standards set by this year.

Angela Weller
President

General Managers Report



“We attempt to assist our community in addressing the challenges faced when living with Huntington’s Disease.”

The 2010/11 period has provided Huntington’s Victoria with the opportunity to continue to assist those in our community in the areas of service provision and the development of partnerships as outlined below.

Service provision

We are pleased to report the substantial improvement in many key performance indicators against which we bench mark our service activity. Throughout the reporting year, HV has exceeded all of the State Government targets by which we are held to account. These improvements have all been achieved in an environment that continues to experience an increase in the number of clients utilising client support services.

To enhance our ability to keep track of HV performance against targets set for us via our service agreement, we have created and continued to develop an organisational database. This database which became available at the beginning of the 2010/11 financial year has enabled clinicians, administrators, and others to track client support services performance at a glance and quickly identify areas requiring immediate attention. It is an invaluable tool that enables the client support services team to plan for future program development and to provide an avenue in which to understand how well we are performing and identify where service gaps exist.

An internal service delivery initiative that was launched this year by the client support services team with the purpose of promoting awareness of HD in the broader community was the redevelopment of our website. Highlights of this website include sections relevant to all members of our community with features such as a younger persons section, family centre, and living with HD section.

The client support services team also promoted awareness of the disease through professional forums by presenting papers at the 6th International Conference on Social Work and Mental Health in Ireland and also presenting our service model at the National Conference on Huntington’s disease in Brisbane in September 2010. All of these presentations are available via our website

Partnerships

As an organisation we locate ourselves within a collective service system platform in order to address the health and wellbeing needs of our respective community. I would like to take this opportunity to thank our many partner organisations for their ongoing support, guidance and cooperation in negotiating through what can at times be a complex service delivery system. I would

particularly like to acknowledge the Huntington’s Research Group Victoria (HRGV) and the Eastern Region ISP Leadership Group. We had much pleasure in working closely with the Huntington’s Research Group Victoria (HRGV) in our common goal of promoting and improving the lives of those affected by HD. Research continues to be a key element of activity and HV remains committed in supporting research driven clinical outcomes that impacts positively on our community. The Eastern ISP Leadership Group in a practical sense has provided a common platform to enable clients to be supported to live independently in their daily lives.

In April 2011 I was invited to attend a National Roundtable discussion on the productivity commission draft report on disability care and support recommending a National Disability Insurance Scheme. With government support of the NDIS our partnerships will become more essential than ever in giving the HD community a voice in the further development of this scheme.

Huntington’s Victoria looks forward to the opportunity presented in the new financial year in enhancing client support services programs funded and resourced through community fundraising and donations.

Initiatives in the new financial year include:

- Developing a network of self-facilitated regional support groups
- Appointment of a pilot project position in the Grampians/Barwon region
- Appointment of a community engagement position
- Provision of a readily available link to research at a National and International level
- Development of a fee for service education program

I would like to recognise the level of commitment, dedication and enthusiasm of those who raise funds to meet the needs of our community. Our community will continue to benefit greatly from these tireless efforts.

Finally, as the General Manager it is my privilege to lead such an innovative and inspiring team of staff who are committed to enhancing the wellbeing of the community we serve. I thank each and every staff member for their great efforts during the year and for the extra contribution that each and every one of them makes for not only the benefit of our clients but also for the organisation.

Tammy Gardner
General Manager
Huntington’s Victoria

A Year In Review

July, August, September '10

The relocation of Huntington's Victoria to Hawthorn

Huntington's Victoria relocated to its new premises in Hawthorn in July 2010. As with any relocation it was not all smooth sailing however we survived the move and have not looked back since. Following our move it has been pleasing to see the community utilise the space for support groups, seminars, or as a community hub to drop in. This location has provided the broader community and professional agencies with greater access to our staff and relevant information about HD. Our central location and space available has permitted HV to host relevant professional network meetings that have enabled another avenue by which to build awareness of HD and partnerships with key stakeholders. The office location was chosen due to its central position, close proximity to public transport (trains and trams), to our freeways and to HD specialist clinics. It has been pleasing to see our regional based clients visit our offices either pre or post clinic appointments.

General Manager of Huntington's Victoria appointed

In August 2010, Client Services manager Tammy Gardner was promoted into the role of General Manager for HV. In this position Tammy has been responsible for the operations of the organisation as well as the overall management and strategic direction. Tammy has displayed enormous commitment to HV, its staff and the community and consequently the board is very confident that under the guidance and direction of Tammy, HV will continue to grow and develop in order to meet the needs of our community in an ongoing capacity.

Client Support Services Team is recognised by the International Social Work and Mental Health Community

Huntington's Victoria Client Support Services Team was successful in submitting and presenting three papers at the 6th International Conference on Social Work and Mental Health that occurred in July 2010 in Dublin, Ireland. This conference focused on the challenges that are currently present within the health care and mental health care setting for practitioners, researchers and educators of social work on an international basis. These challenges identified changes in population groups, and the shift between a curative approach and interventions

to health and maintenance of good health. The three papers presented at this conference included:

- Client Self Directed Planning: A progressive approach to psychosocial care
- Innovative approaches to care a model of service delivery within a regional context of practice.
- Can case managers continue to meet the needs of the client within parameters set by the current international economic climate?

These papers specifically highlighted the challenges Huntington's Victoria Client Support Services Team has encountered in providing person-directed services within the current economic environment and how this has directly impacted on overall service delivery to the HD community.

National Conference

The National Conference on Huntington's Disease was held at The Queensland Brain Institute at The University of Queensland in Brisbane on the 9th -10th of September 2010. Key note speakers included Professor Gary Egan and Jimmy Pollard, and other researchers such as Dr Trent Woodruff, Associate Professor Helen Cooper, Dr Valentine Hyland, Associate Professor Nellie Georgiou-Karistianis and Dr Jennifer Thompson. Community Members Michelle O'Brien and Naomi Van Dijk officially launched the "Our HD space" website (www.ourhdspace.org). This website was developed in order to provide young people with an opportunity to easily access information, supports and communicate with other young people living in families affected by HD. Presentations were also given by each state association outlining current services provided to respective communities.

October, November, December '10

Annual General Meeting

Huntington's Victoria held its 37th AGM on Wednesday the 27th of October our first in the new office in Hawthorn. It was pleasing to see so many community members in attendance making this one of the most successful AGMs in recent years. The AGM was well supported with approximately 50 members of the community in attendance as well as professionals from Melbourne Health, MS Australia and the Department of



Human Services. Points of discussion included:

- Our new building and its accessibility to our community being located in close proximity to public transport particularly trains and trams.
- Discussion of the financial report with particular reference to the Department of Human Services ongoing funding of our current Client Support Services programs
- The acknowledgment of Judy Mackenzie's retirement from the board. Judy has been a tireless volunteer for Huntington's Victoria for over a decade serving in numerous capacities including fundraising as well as holding various board office bearer positions.
- The progression of the World Congress on Huntington's disease.
- Jan Ferguson a highly admired and respected community member was the guest speaker of the evening. Jan spoke to the community with great eloquence about her experiences with HD and its impact. Jan spent some time answering questions from the audience and also referred to how Huntington's Victoria was able to offer her support and give her advice on where to go for help when it was needed.

Allied Health Meeting

Huntington's Victoria in November hosted an inaugural allied health meeting with the purpose of providing a forum by which to discuss allied health initiatives within the HD community. Staff from Calvary Healthcare Bethlehem, Melbourne Health and Wesley Neurological Support Services was in attendance. At this meeting Morris Gambiza presented his research on: **Complexities of Care: report on an Australian-wide visit to centres specializing in the care of people with Huntington's disease (HD) and progressive neurological disorders.** Morris is a physiotherapist at Wesley Neurological Support Services who is interested in improving the care of people with HD.

December- whISPer Network Meeting

In December 2010 Huntington's Victoria hosted the bi-monthly whISPer network meeting. This is the

first time that HV has hosted this event in the new premises in Hawthorn. This network meeting brought together a number of Facilitation agencies in the Eastern Metropolitan Region including the Department of Human Services. This meeting was a forum for facilitators to discuss any new services, or supports that are available, any identified challenges when working with Individualised Support Packages, as well as being able to share success stories which highlight how ISP's when utilised creatively can achieve significant client goals. Huntington's Victoria has attended this forum for 3 years and it has enabled HV facilitators' to stay abreast of the most up to date information, changes, or news that relates directly back to ISP's.

January, February, March '11

Clinical Model of Care

This month saw the review and establishment of a new model of care between Huntington's Victoria and Melbourne Health's Neuropsychiatry Unit (Royal Melbourne Hospital). Huntington's Victoria will be available at the request of both the treating specialist team and patients for consultation and collaboration for both inpatients and outpatients. This process will facilitate a continuum of care for clients to ensure that their needs are met and they remain supported in the community.

The Behavioral and Psychological Symptoms of Huntington's Disease Book Launch

On Wednesday 23rd March 2011, Huntington's Victoria was host to a book launch on The Behavioural and Psychological Symptoms of Huntington's Disease – A practical guide to assist in caring for a person with HD. This booklet launched by Dr Anita Goh, clearly outlines the treatment, measurement, and management of the behavioural and psychological symptoms of Huntington's disease. This book was written by Dr Anita Goh a Research Fellow and Clinical Neuropsychologist at the University Of Melbourne in collaboration with the Academic Unit for Psychiatry of Old Age in conjunction with NARI and was generously supported by a University of Melbourne Dream large Knowledge Transfer Project Grant.



Artwork by Janet Minty

Huntington's Disease Awareness week

HD awareness week ran from Monday 21st March until Friday 25th March. In order to celebrate this week, HV was host to a number of events including:

- Carer's Support Group
- Book Launch
- HV Open Day

It was great to see so many people attend these events in particular the book launch. We hope to build on numbers in the coming years, and encourage our members to take advantage of the events available to them.

April, May, June '11

Meet & Greet

In April the first Meet and Greet group was held at HV. This was a wonderful evening, organised by community members Eleni and Mel who first met on the HD Australia forum as they searched for support from others who understood what it meant to be impacted by HD.

HV New website – NOW LIVE!

The new/updated website went live and was available to the public as of Monday, 9th of May 2011.

The original Huntington's Victoria website was launched in late 2008 and since this time has served as an alternative method of information management and distribution to the community. The HV website has enabled those directly affected by HD as well as the broader community to access information about the disease and the services available to them in the community.

This recent update of the HV website was pre-empted by the varying needs and representation of different groups within the HD community. Huntington's Victoria utilised this opportunity to further develop mechanisms via the website to continue to build awareness within the general community.

We have addressed these needs by redesigning the original Huntington's Victoria website by establishing:

- Sections in the website targeted towards particular groups in the community
 - Living with HD
 - Younger People
 - Family Centre

The website also boasts a virtual Library to provide an additional means to access information and also an online referral portal to access Huntington's Victoria Client Support Services.

Wills & Estate Planning Evening

In June, more than 20 community members attended an evening on wills and estate planning hosted by Huntington's Victoria in partnership with Family Relationship Services for Carers. Guest speakers included Angela Cursio, solicitor at Fischer McCrae and Mirko Oklobdzija from Centrelink discussed issues associated with planning for your financial future such as:

- Making a will
- Enduring Power of Attorney
- Information about different trusts and future planning.



Artwork by Denis Wimpole

Our Services

“To provide assistance to these members of our community to gain and/or regain control over their lives”

Huntington's Victoria Client Support Services provides a statewide service to those persons affected by Huntington's disease (HD). We support individuals and families living with HD to make choices about their care and support needs.

Huntington's Victoria currently provides support and services to individuals and groups belonging to the following categories:

- At risk (known parental genetic linkage)
- Gene positive
- Gene negative
- Symptomatic (not formally diagnosed)
- Diagnosed
- Carer (formal/informal)
- Family/friend/partner
- Agency/service provider/professional

Client Support Services provide support to the community through direct service provision in the following programs outlined below:

- **Information, Support & Education**
- **Case Management Program**
- **Individualised Support Package Facilitation Program**

Information, Support & Education Program

The Information, Support & Education Program is Huntington's Victoria frontline service and continues to be the access point for new clients, current clients, families, friends, professionals and the broader community who would like to link in with our organisation.

This program is dedicated to not only meeting our service agreement with the Department of Human Services, but improving on this by utilising innovative approaches to maximise and expand on how this service can provide the relevant information and/or education to the community and deliver the necessary support.

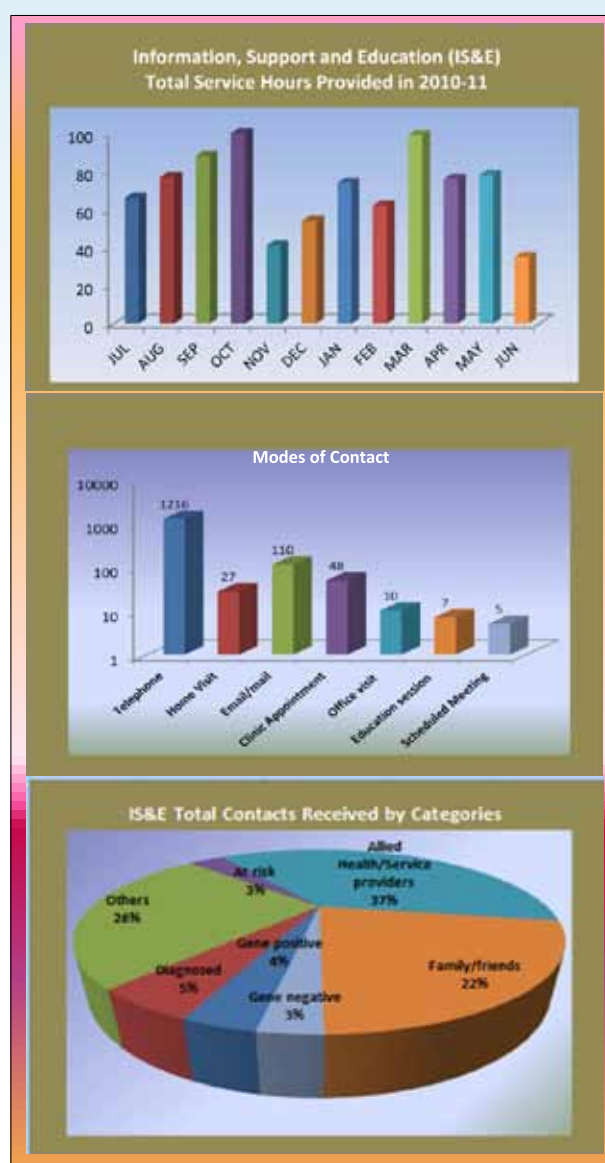
Information

The information service is confidential and those who contact the service can remain anonymous. This service is an office based service operating Monday to Friday 9:00am till 5:00pm with the aim of providing:

- Up to date information in relation to HD
- Access to the latest research
- Relevant and up to date resources

The majority of this service is conducted from within the office, however the information service has over this past year travelled to the HD clinics and predictive

testing clinics in order to engage with members of the community who have requested our presence at these appointments. Attendance at these clinics have been client directed and provides a safe environment for new clients to meet staff of HV and at the same time gather the information they require.



The information service has an allocation of 1.0 EFT of which 0.8 EFT is office based and 0.2 EFT is based in the education stream of the program. Over this past financial year, the months of August, September, October 2010 and March 2011 were the peak periods for the year. The most common access point to the service was via telephone followed by email/mail and the clinic appointments.

Allied Health/Service providers were the greatest users of this service (37%), followed closely by family and friends (22%) and also anonymous callers (others 26%).

During the second half of the financial year HV introduced seminars and information nights on issues of practical importance to those impacted by HD both directly or indirectly and raising awareness of the disease. These seminars included:

The Australian Physiotherapy Association- Neuro Special Interest Group.

In April of this year, 55 physiotherapists attended a seminar to learn about HD and its affects. Dr Andrew Churchyard was the guest speaker and presented on HD with a focus on motor symptoms and the role and impact a physiotherapist can have on individuals with HD. HV was also in attendance to build awareness of this disease amongst this professional community and also provided relevant information upon its request.

Wills & Estate Planning Evening

This session was organised to provide community members with an opportunity to discuss future planning processes. This was a well-attended event hosted by Huntington's Victoria in partnership with Family Relationship Services for Carers invited two guest speakers Angela Cursio, solicitor at Fischer McCrae and Mirko Oklobdzija from Centrelink. Issues that were discussed included:

- How to make a will
- What is an Enduring Power of Attorney and when will I need one?
- Information about different trusts and future planning.

If you did not have the opportunity to attend this session but would like to do so, please let us know and we will organise another session in the near future.

Website

Early this year, the new and updated HV website was launched to address concerns and gaps identified by our community members about the previous HV website. These identified gaps and issues include difficulty with the navigation process and lack of up-to-date information and resources with accessible links to other websites that may provide more information.



Some of the many features of the redesigned and updated HV website include the following:

- **Living with HD** – This section provides up-to-date information for people who are “living with HD” either people who are recently tested as gene positive or diagnosed with HD. This section provides information on how to manage the disease, maintain independence and employment, keeping healthy, and planning for the future.
- **Information for Younger People** – This section addresses the many challenges of younger people living with a parent diagnosed with HD by providing information about the disease using different levels of information accessible for children of different age groups. This section also provides direct links to other websites designed for younger people.
- **Family Centre** – This sections provides information for cares and other family members and addresses different issues about caring for someone with HD, disclosing HD to younger children and other family members, considering alternative accommodation, and accessing supports available in the community.
- **Virtual Library** – This provides access to generalized information on HD and directs links to other website that can provide more information about currents research on HD, advocacy and other support and services available for the community.
- **Online referral** – The new website also features access to online referral for case management and online request for education sessions. Since the launch of this new website, our Case Management and Information Support & Education (IS&E) teams have accepted many referrals and education requests through the website.

To address difficulty in navigating the HV website as previously identified, the new website presents an accessible homepage that provides shortcuts and quick links to major and frequently accessed information. The homepage also provides a NEWS button that provides immediate information about HV events and services that are available in the community.

Education

Education is an integral part of core business which helps to not only improve the care, compassion and understanding of those with HD, but also to build the profile and awareness of HD in the broader community.

Education is provided to those in the community that request it and can include (but not limited to) Residential Aged Care facilities, Personal Care Agencies, Government Agencies, Community Organisations, Health Providers, schools, family/friends, and other professionals.

Huntington's Victoria Education Program received a number of requests from across the state over this past financial year. Education Sessions can be delivered via a number of different streams in an attempt to meet the needs of the community. The program is flexible in its delivery in order to reach the broader community. Modes of delivery at this point in time include: phone conference, skype, email, in office or on location.

Throughout the financial year Huntington's Victoria has conducted a number of education sessions throughout Victoria averaging at least 1 per fortnight. The education program as part of the larger Information, Support and Education service has an allocation of 0.2 EFT which is equivalent to 365 hours per year.

As outlined by the charts below, HV provided a total of 24 education sessions of which the majority were in metropolitan Melbourne and the remainder in regional Victoria. These sessions were attended on average by 11 people per session.

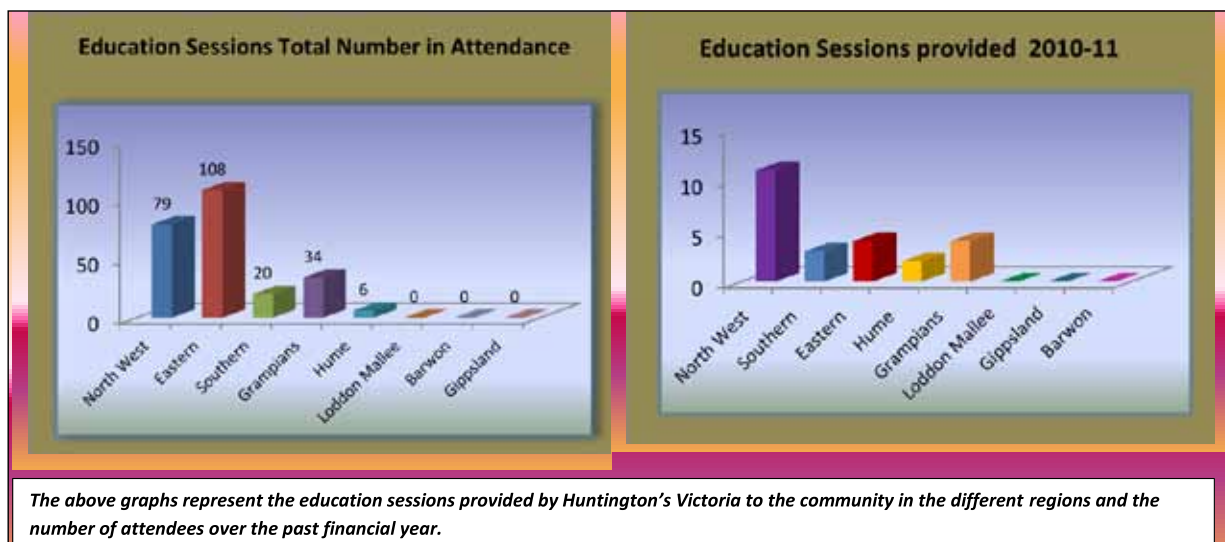
Response to calls for education is closely monitored with the graph highlighting the rapid response rate to these requests. The education service aims to provide this support within different time parameters dependent on a number of different criterion. These criterion include:



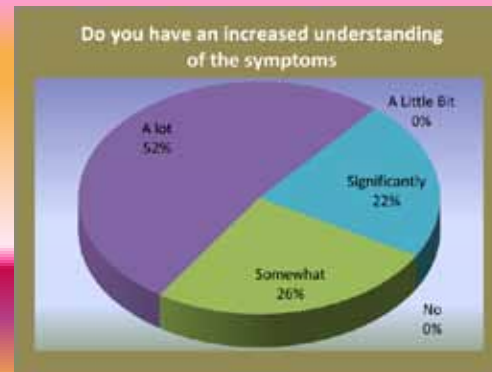
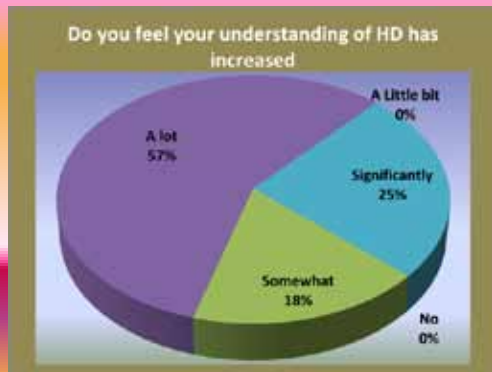
- Risk of placement breakdown
- Initial or follow up education session
- Maintenance of support
- Request from direct service provider
- Symptom presentation is having a significant effect on health, wellbeing, quality of life

The education service has different 'education packages' that are delivered dependent upon the reason for request. Behavioural strategies are commonly requested by those from Residential Aged Care settings, whilst other professional bodies have indicated more interest in gaining a general understanding of the disease process.

Follow up education sessions in the form of secondary consultation are more commonly requested from the Residential Aged Care sector. These sessions are specific to the individual and their direct care needs. An essential part of this programs development has been the ability to evaluate the effectiveness of the each education session delivered. Feedback/evaluation forms are completed by those who have attended education sessions to allow HV to continue to improve and refine the support that is provided. Feedback requested was in relation to understanding of the

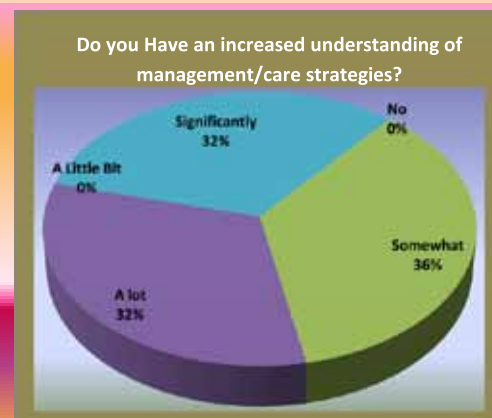


Feedback and evaluation results gathered from Education Sessions conducted in 2010-11



"Thank you for the opportunity to learn a little about Huntington's disease. It made us think differently about his behaviour and be more compassionate towards him and try not be judgmental as we know he is unable to control his actions".

Letter received following an education session to staff.



disease, symptom presentation and care/management strategies. The graphs below indicates the effectiveness of these sessions with the majority of people reporting that their knowledge on HD and management/care strategies has increased "a lot" to "significantly".

The education program is rapidly developing due to increased demand. In order to meet the education needs of the community we will be facilitating a fee for service education program in order to fund additional resources to deliver this program in the next financial year.

Support

The Information, Support and Education program provides support to those who identify needs that go beyond information provision but does not require extensive case management. This support can come in the form of:

- single session counselling in relation to areas of concern identified
- advocacy and linkage to external service providers to meet identified needs
- and the facilitation of support groups. Support can be provided in out office by appointment, or by telephone/skype.

The support arm of the larger program has successfully continued to run the Carer's Support Group on a monthly basis and always welcome's new members to this group. Committed community members have also established a 'Meet and Greet' group that meet bi-monthly. HV via the support element of the service is able to host this event at the office premises and assist with some administrative elements.



Case Management

Huntington's Victoria Case Management Program provides person directed support to clients who may for a number of reasons have lost control of their lives or are at risk of losing that control. The case management program assists the client and their family to identify their goals and help them to gain or regain the control that they lost.

HV's case management support is episodic and task focused, however works within a resiliency framework, to ensure that individuals and their families when discharged from the service have the coping strategies in place to continue to maintain their independence or goals. Clients and families are able to utilise this service as they need, therefore once they are discharged from the service they are able to access it again in the future.

This past financial year, HV Case Management program once again exceeded the required episodes of care per annum as outlined by our service provision agreement with the Department of Human Services (DHS).

Guided by a person-directed approach, our case management program continues to focus on the equity and inclusion of our clients. Our case management program recognises that every person is unique and that every client has different support needs that require different levels of assistance and support.

HV case management program acknowledges the importance of building a life in the community, and continues to work in partnership with the individual, their families and the community in providing supports to develop and achieve their goals, enabling them to continue residing in the community for longer, to remain independent and have greater community access, and to address other issues that impacts their quality of life.

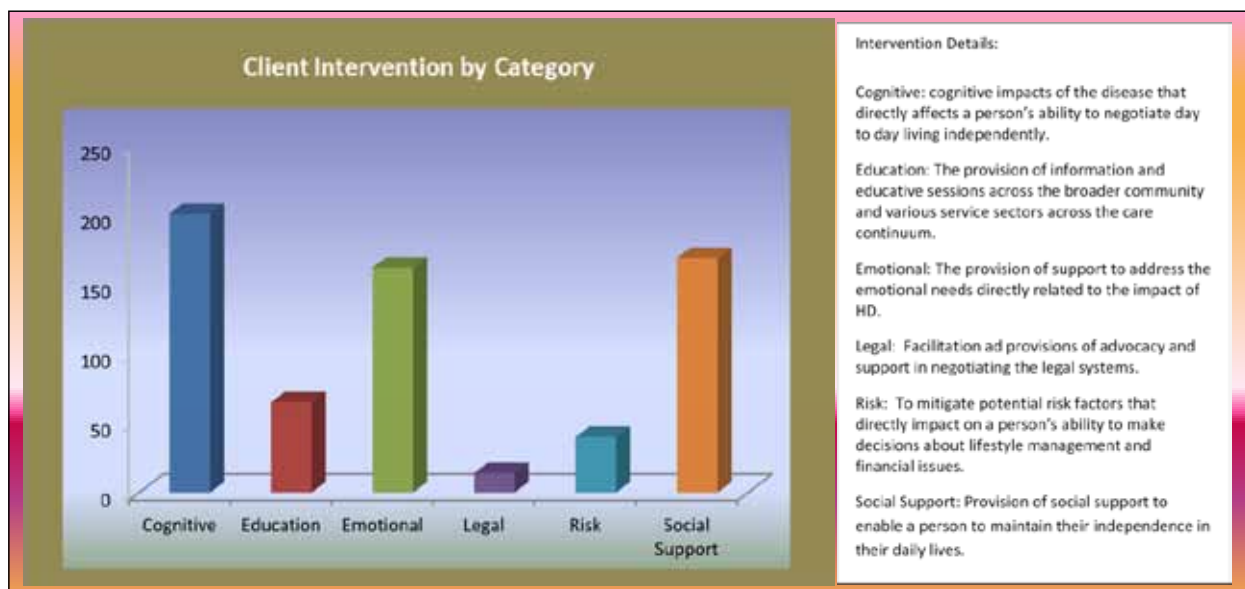
The most common reason for referral to the case management program was identified as the need to maintain independence and community access. The other most commonly identified reasons include, risk of homelessness/accommodation breakdown, risk of family/relationship breakdown and the need for advocacy in relation to legal and financial issues.



The case management program is guided by the client and the 16 life areas when formulating the intervention care plan. This care plan process is directed by the client enabling them to facilitate individual choice.

Over the past financial year the following client outcomes were achieved:

- Placement into appropriate accommodation (SRS, Disability Accommodation, Residential Aged Care)
- Maintaining current accommodation
- Resolution with child protective issues
- Stabilisation of symptoms and medical management
- Referral and linkage to relevant community supports such as HACC, Respite services, Carers support services, NRCP.



- Recreational support & community access
- Assistance with the attainment of appropriate equipment
- Maintaining family relationships
- Links to appropriate allied health support and Disability Services
- Resolution of housing/tenancy issues

It is important to recognise that each client care plan is person directed and represents their individual goals and needs at the point of intervention.

Individualised Support Packages

Huntington's Victoria ISP program has continued to provide facilitation support to those people affected by Huntington's disease who have been allocated funds for the purpose of, maintaining quality of life, remaining connected to family and support to access the community; whether residing at home in the community, in shared supported accommodation, specialist accommodation, Supported Residential Services or Residential Aged Care. There are currently 37 people supported by a HV ISP through the state of Victoria; these are distributed throughout the metropolitan regions of Melbourne and regional Victoria.

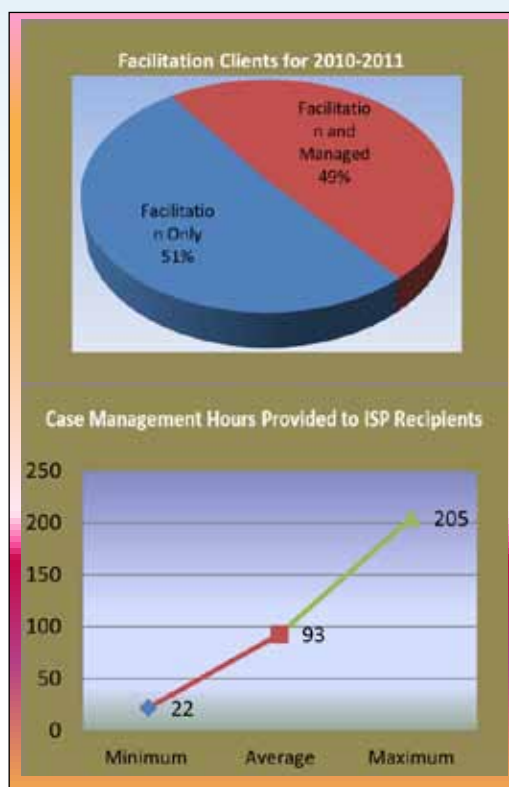
The ISP team continues to facilitate a number of ISP's that have been allocated to our HD community, from outside the Eastern Metropolitan Region HD ISP funding.

The ISP guidelines dictate that the facilitation process should be a maximum of 40 hours for a new allocation and 15 hours for a review of an existing package every three years maximum. This year the team has completed 18 reviews of ISP supports at the request of the recipient and family. The common theme for these 'early' reviews was a change in circumstance, most commonly a change in accommodation setting. Of all 18 reviews completed all recipients were case managed due to risk indicators ranging from homelessness to significant change in social cognitive and physical condition.

The graphs identify the hours utilised through case management for ISP recipients with an average of 93 hours of support and assistance required this financial year in order to then facilitate the ISP funds.

ISP facilitation and case management support has enabled the recipient of the ISP to be assisted to identify what is important to and important for them in terms of the 16 life areas for people with a disability.

The ISP facilitation team has an ongoing commitment to the recipients of an ISP by ensuring that funds are utilised according to need and are line with the ISP guidelines and principles.



Community Profile - Jess Rice

“Huntington’s disease is something that has touched my life in a very personal way – the gene runs in my family. My grandmother; my mother and; just recently my aunt all tested positive to the Huntington’s gene.”

Huntington’s disease is something that has touched my life in a very personal way – the gene runs in my family. My grandmother; my mother and; just recently my aunt all tested positive to the Huntington’s gene.

Sadly my grandmother passed away a few years back, and this year my mother lost her battle with this disease and joined her.

My grandmother had late onset Huntington’s whilst my mother was diagnosed with early onset Huntington’s. Both were diagnosed at about the same time as each other.

Mum was in her early thirties when the signs of having the disease first appeared and as such, I, along with my two sisters have lived with the impact that comes with a loved one suffering this disease for the bulk of our lives.

At first we didn’t know any better, but as we aged we realized that our mum was a little different than other mums. Huntington’s was only a whisper, no one talked about it. We were kept in the dark as to what was wrong with mum and therefore could make no sense of what was happening to her. This is not to say we didn’t have a wonderful childhood, we did. Yet as mum’s disease became more progressive, and much more noticeable, our teenage years were thrown into turmoil. Aware now that mum had Huntington’s disease, and being told at the same time that we also had a 1 in 2 chance of getting the disease was certainly ‘unsettling’. We didn’t understand what was really happening to mum’s mind and body, and we certainly didn’t want to get it!

The fear that one of us, if not all of us could be carrying this gene became a burden, at times very hard to bare. Mum was so upset that she may have passed it to any one of us, dad was in denial, and us girls were just plain scared and angry that this could be so. Each of us dealt with it differently – not always in a good way. At this point in time counselling was not offered.

At around 45 years of age, mum was placed into a care facility Arthur Preston Residential Services which primarily deals with Huntington’s sufferers.

My father seemed relieved – whilst my sisters and I were traumatized. Mum didn’t want to go, begging us not to leave her – we didn’t want her to go, yet had no power to change the outcome. In short, this was the worst day of our lives and one that will live with us for our lifetime. My mother felt abandoned by us all and we felt she had abandoned us. Again little to no counselling was offered. We girls took support where we could find it.

In saying this, mum did eventually settle down and made this new place her home. We believe she was happy there. For us girls each time we left her after a visit continued to prove challenging and left us feeling bereft of a mother and often guilt ridden that we could leave and get on with our lives and she couldn’t.

Whilst the past seven years have certainly been an emotional roller coaster, I’ve learnt more about the disease and the impact it wields than I have in any other period of my life. Watching the debilitating toll it took on my mother and the other sufferers in the house; the effect it has had on family members; on family friends and; how the community in general view sufferers of this disease, has been at times rewarding, but in many ways disheartening.

Yet you can’t walk this road without realizing where your strengths and weaknesses lie. Late last year, whilst mum was going through the end stages of HD, an incident occurred that forced me to re-evaluate my decision in regards to testing for the gene. I thought I was pregnant; and what should have been the happiest time for me and my partner became a nightmare of indecision. What if I have it? Could I ask my partner and my child to go through what I and my siblings were going through; watching our mother slowly die? What if I passed the



gene to my child? A lot of what if's were being asked, all the while knowing that I might not have it, after all there was a 1 in 2 chance that I didn't and even if I did, it might never appear or it could come to me late in life; as it did with my grandmother and my aunt, who has just been diagnosed with having the HD gene. I had come to a crossroad in my life, one where I could no longer bury my head in the sand; I needed to know, one way or the other.

So with the support of my partner we made an appointment with our local GP to be referred to the Genetic Counselling Hospital for genetic testing. It was the scariest decision of my life. I understood that if I had the disease I would have to re-think my life and what frightened me more was that my partner might well re-think his. We had discussed this and whilst he reassured me constantly that no matter what, he would support me; having walked this road with my mother I understood that keeping friends and family close was an incredibly hard thing to do.

This was a life changing decision for me, no matter what the result!

I had three sessions with the genetic counsellor, the first went through the pros and cons of how I might deal with the result; the second, blood was taken for testing and; a month later the result was released. Having these three sessions gave me the time to prepare myself for the answer..... as best you could!

It wasn't until late into the sessions that I told my family that I had had the test and even then I wasn't sure I would tell them the results, given their responses. My decision to be tested had brought out fears they were yet unready to face. A good or bad result was going to create concerns in the very people I loved!

My test came back with a negative result and while I was so happy that was so and that I could now get on with living my life, it was overshadowed by an immense guilt.....What if one of my sisters or both of them carry the HD gene?

Both sisters were ecstatic that I didn't carry the gene, yet somehow because of that now believe because I don't they will. Both are still in a place where they refuse to be tested and until such a time comes when they take the test, I will remain fearful for them!

I can say now in all honesty that while I thought this was the hardest decision I had ever made, keeping myself in the dark with not knowing whether I had HD or not was harder!

I believe I am in the unique position to bring about constructive change to how people view Huntington's disease. Huntington's is not a well-known disease, and the few that know about it often don't understand the impact that comes with having the disease on the lives of all involved. For many people suffering this disease friends are a rare commodity, ones that are sorely missed.

With this in mind, two years ago I took it upon myself to organize and host a Huntington's Ball (which I thoroughly enjoyed) to raise public awareness of the disease and help unite those who share this tragic and common bond. While it was my first attempt at something like this, it was very successful not only in raising public awareness as was my intent but also in raising \$28,000 which was donated to mum's house and Huntington's Victoria, a good night was enjoyed by all!

I believe research is getting closer to a cure, yet more funding is needed in this area along with the care facilities to help make sufferers lives more comfortable. I would be honoured to continue to raise further awareness & funds for this cause.

I would love to be able to help other families who now find themselves in a like situation to better understand what is happening to their loved ones and themselves.

Speaking on behalf of my sisters and myself - we have always felt alone, nobody it seemed to us, really understood how we felt. There were many times over these past years we would have welcomed hearing "I know what you're going through" or, "I know what it is you're feeling", rather than talking to someone who whilst compassionate and having empathy for our plight, had no real understanding of how it impacted on each of us, having not dealt with it themselves.

Huntington's is a debilitating and insidious disease that has a life span of up to twenty years; for the sufferer and their families twenty years is a long time to feel alone. While I can't change the world, I do believe I can make a world of difference to Huntington's sufferers and their families.

The journey I was on with my mother has now ended. It was a path full of love; often shadowed by unexpected hazards, unimaginable horror and at times unspeakable pain, for us all. Yet looking back there were many moments of great joy, lots of laughter and at times a sense of peace. We made it work, we found ways that united us as a family - I can't and won't say it was easy - it wasn't, but it certainly was worth it! I would love to continue on and help others find that balance, something that works for them. Anything that helps keep families and friends united throughout this long and oftentimes arduous journey, wherein their loved ones suffering from Huntington's disease don't, simply put, just get lost to the disease.

Our Partners

“This financial year has again demonstrated the value of partnerships as we continue to forge clear pathways of collaboration in order to provide the highest level of support to our clients and remain committed to building awareness of Huntington’s disease. We would like to use this opportunity to thank all of our partners for their contributions this year and look forward to their continuing support and partnership.”

Young People in Nursing Homes National Alliance (YPINHna)

The **Young People In Nursing Homes National Alliance** is Australia’s first peak body for young Australians with disability and high and complex support needs. They promote the rights of young disabled Australians with high and complex support needs living in residential aged care facilities (or at risk of placement there), to have choice about where they live and how they are supported. Their particular focus is the development of accommodation and support services in the community that enable young people with high and complex support needs to have ‘lives worth living’ of dignity and independence

YPINHna works with young people living in aged care facilities, their families, friends and other stakeholders to develop the support services and accommodation young Australians with high or complex support needs require to pursue their lives in the community.

Working collaboratively with service providers in the aged care, disability, health, housing and community services sectors, the National Alliance encourages a partnership approach to resolution of the issue by State and Commonwealth governments.

Huntington’s Victoria, through this partnership was fortunate enough to be invited to attend and participate at a national round table discussion focused on the potential impact of the National Disability Insurance Scheme. We look forward to our collaborative work in the future.

Huntington’s Research Group Victoria (HRGV)

The Huntington’s Research Group Victoria (HRGV) established in 2004 represents a collaboration of scientific and clinical investigators from academic, clinical and research centres who are committed to the cooperative planning and implementation, analysis and reporting of research studies aimed at improving the understanding and treatment of Huntington’s disease and related disorders.

The HRGV aims to advance knowledge about the cause(s), pathogenesis, clinical and social impacts of Huntington’s disease and related disorders and to develop and implement scientific strategies promising therapeutic and psychosocial interventions.

Huntington’s Victoria is proud to be a member of this group as we all strive for the common purpose of improving the lives of those affected by HD.

Genetic Health Services Victoria

Genetic Health Services Victoria (Genetic Health) is a partnership between the Victorian Department of Health (DH), the Murdoch Childrens Research Institute (MCRI), other health service providers and the community.

Genetic Health provides diagnosis, risk assessment, management and counselling for people with genetic conditions.

The predictive testing program at the Murdoch Institute for HD is widely access by our community, and is coordinated by Lisette Curnow who is highly experienced with neurogenetics. Huntington’s Victoria has had much pleasure working with Lisette to assist clients impacted by this disease.

Lisette has a Science degree followed by a Masters in Genetic Counselling.

Following completion of her training, Lisette worked in Toronto for a year combining genetic counselling and research and returned to Australia to work in a variety of areas including cancer, newborn screening and paediatrics, before settling into her current role (and real passion) of adult neurogenetics. Lisette’s current position primarily involves coordination of predictive testing for adult neurodegenerative conditions in Victoria, predominantly Huntington Disease; but also early onset Alzheimer’s, spinocerebellar ataxias and prion diseases.

Lisette is also the coordinator of the genetics curriculum in the Masters of Genetic Counselling course run through Melbourne University.

Fundraising

Community fundraising provides the forum for the HD community to come together, and raise funds to assist in the provision of services that will improve the quality of life of persons affected by HD, and also build the awareness and profile of Huntington's disease in the broader community.

Melbourne Fun Run

Melbourne Fire Brigade (MFB) Charity Running Club raises funds for the community. Once again Greg Cotterill and the MFB Charity Running Club have raised funds for the HD community. On a freezing cold Sunday morning when most of us were enjoying a sleep in or reading our morning newspaper over a hot coffee, the MFB Charity running club were showing us all how it is done in memory of a well respected colleague who lost his battle with HD in 2008. Huntington's Victoria would like to take this opportunity to acknowledge the MFB Charity Running Club's continued support of the HD community.

Maurie's Car Rally

Maurie Browne's Car Rally, a regular fixture on the community's fundraising calendar occurred on the 7th of November 2010 in Narre Warren. Huntington's Victoria would like to acknowledge Laurie's boundless energy and determination in co-ordinating this event each year, HV wish to express its gratitude to Laurie, his family and those who participated in this event as well as for their continued support of the HD community.

St James College fundraise for HV

The year 10 leadership group at St James College raised funds for HV at this years 'Carnival' whereby the students constructed activities and designed

stalls, and held a St James 'Stawell gift' sprint in order to fundraise. The students invited the entire school to participate in this half day event as well as inviting other local schools. The 2010 Carnival has been the school's most successful thus far, and we would like to recognize all the students involved in this day.

Huntington's Victoria would like to recognise and thank the 2010 year 10 leadership group from St James College in East Bentleigh for their effort and ongoing support in raising funds to assist those affected by HD.

Cycle Oz for HD

In March 2010 Jesse Fokkens set out to cycle around the country bringing the message of HD to communities across Australia. Originally from Canada Jesse knows all too well the ripple effect that HD can have after supporting his best friend through the emotional journey associated with gene testing. After months of riding Jesse's journey finished, achieving his goal of raising awareness of HD to the broader community.

Murray to Moyne

Once again Simon Philpot and the Hunters braved a long ride from Murray to Moyne to raise money for HD in honour of his late wife Joanne. This is the 3rd Murray to Moyne trip for the Hunters following the success of the previous rides. This has become an annual ride for Simon and his team, so we wish them well again next year.



Annual Financial Report

For the year ended 30 June 2011

Committee Of Management's Report

The Committee of Management submits their report, together with financial statements of the Association for the year ended 30 June 2011.

Committee of Management

The Committee of Management of the Association in office any time during or since the end of the financial year and up to the date of this report are:

President	Angela Weller
Vice-President	Janise Mitchell <i>(resigned 25 August 2010)</i>
Treasurer	Anne Sanderson
Committee members:	Richard Weston Judy Mackenzie <i>(resigned 24 November 2010)</i> Faye Faulkner Helen Walsh Fran Poisson <i>(appointed 27 October 2010)</i>

Principal Activities

The Association offers a wide variety of services to people living throughout the state of Victoria to assist people with HD, those at risk and their families. These services include individual and family counselling and support; information; education; advocacy and community development; short term groups; social and recreational activities; assistance with respite and accommodation; ongoing support for carers and those at risk; and creative responses to the needs of the HD community.

Significant Changes

There were no significant changes in the nature of those activities during the year.

Results for the year

The net amount of profit of the Association for the financial year was \$152,950 (2010: \$855,114). The result for the previous year included a gain of \$760,814 from the disposal of the property at 605 Warrigal Road, Ashwood.

Reserves, provisions

The amounts transferred to or from reserves or provisions during the year were as follows:

Transfer to (from) Provision for Annual Leave (\$11,538) (2010: \$2,392)

Transfer from Revaluation Reserve to Retained Earnings on disposal of property \$Nil (2010: \$650,000).

Current Assets

The Committee of Management has taken reasonable steps to ascertain whether any current assets were unlikely to realise in the ordinary course of business their value as shown in the accounting records of the Association and have caused those assets to be written down to an amount that they might be expected to realise.

The Committee of Management at the date of this report was not aware of any circumstances not otherwise dealt with in this report or accounts which would render any amount stated in the accounts misleading.

Charges and contingent liabilities

There exists at the date of this report:

- No charge on the assets of the Association that has risen since the end of the financial year and secures the liabilities of any other person
- No contingent liability that has risen since the end of the financial year.

Material and unusual items and events

The Committee of Management at the date of this report is not aware of any circumstances not otherwise dealt with in this report or accounts that would render any amount stated in the accounts misleading.

The results of the Association operations during the financial year were not in the opinion of the Committee of Management substantially affected by any item, transaction or event of a material and unusual nature.

Events after the Reporting Period

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the Committee of Management, to affect substantially the results of the Association's operations for the next succeeding financial year.

Committee Members' benefits and contracts

Since the end of the previous financial year, Committee of Management members have not received or become entitled to receive a benefit (other than a benefit included in the aggregate amount of emoluments received or due and receivable by the Committee of Management as shown in the accounts, or the fixed salary of a full-time employee of the Association), by reason of a contract made by the Association with the Committee of Management members or with a firm of which they are members or with a company in which they have substantial financial interests.

This report is made in accordance with a resolution of the Committee of Management and is signed for and on behalf of the Committee of Management.

Signed at Melbourne on 10 October 2011



Angela Weller
President



Anne Sanderson
Treasurer

Statement of Comprehensive Income for the year ended 30 June 2011

	Note	2011 \$	2010 \$
Revenue			
Donations		88,354	66,511
Government Grants		498,936	597,122
Grants - others		14,040	48,056
Fundraising		19,739	13,764
Investment income - interest received		130,203	93,044
Membership		5,780	5,460
Profit on sale of property, plant & equipment		-	760,814
Telemarketing		76,868	66,507
Other income		1,679	1,080
Total revenue		835,599	1,652,358
Expenses			
Advertising & sponsorship		1,874	3,431
Annual leave expense		(11,538)	2,392
Attendant care		953	1,367
Audit expenses		-	82
Audit fees		4,250	4,250
Bank charges		6,658	5,097
Computer costs		14,716	13,037
Contractors & temporary staff		17,017	37,052
Depreciation of property, plant & equipment		36,295	37,212
Entertainment & travel		714	893
Finance costs - interest on insurance premium funding		-	191
Fundraising expenses		-	341
General expenses		10,693	9,111
Individual support package		8,731	25,753
Insurance		3,081	701
Lease charges		20,346	42,037
Legal fees		-	17,696
Long service leave expense		-	-
Motor vehicle expenses		7,743	12,021
Moving/relocation expenses		-	10,465
Printing, stationery & postage		13,305	12,102
Rates & utilities (incl. Electricity)		7,024	8,441
Recruitment costs		5,090	2,518
Rent		63,019	-
Repairs & maintenance		6,897	8,363
Salaries & wages		398,892	479,727
Staff training		2,263	786
Subscriptions & donations		1,731	1,490
Superannuation		34,642	38,846
Telephone & facsimile		9,182	10,275
Website costs		13,166	3,710
Workcover		5,904	7,858
Total expenses		682,649	797,245
Profit (loss) before income tax	2	152,950	855,114
Income tax expense	1(a)	-	-
Profit (loss) for the year		152,950	855,114
Other comprehensive income after income tax		-	-
Other comprehensive income for the year, net of tax		-	-
Profit and total comprehensive income attributable to:			
Members of the entity		152,950	855,114

Statement of Financial Position as at 30 June 2011

	Note	2011 \$	2010 \$
Current assets			
Cash and cash equivalents	4	2,717,030	1,996,028
Trade and other receivables	5	24,277	781,685
Other current assets	6	4,725	14,421
Total current assets		2,746,032	2,792,134
Non-current assets			
Property, plant and equipment	7	118,132	100,490
Total non-current assets		118,132	100,490
Total assets		2,864,164	2,892,624
Current liabilities			
Trade and other payables	8	53,830	223,703
Short-term provisions	9	23,010	34,548
Total current liabilities		76,840	258,251
Total liabilities		76,840	258,251
Net assets		2,787,324	2,634,374
Equity			
Reserves	10	-	-
Retained earnings		2,787,324	2,634,374
Total equity		2,787,324	2,634,374

Statement of changes in Equity for the year ended 30 June 2011

	Note	Retained Earnings \$	Revaluation Reserve \$	Total \$
Balance at 1 July 2009		1,129,260	650,000	1,779,260
Profit (loss) attributable to members		855,114	-	855,114
Revaluation surplus transferred to retained earnings on disposal of property		650,000	(650,000)	-
Balance at 30 June 2010		2,634,374	-	2,634,374
Profit (loss) attributable to members		152,950	-	152,950
Balance at 30 June 2011		2,787,324	-	2,787,324

Statement of Cash Flows for the year ended 30 June 2011

	Note	2011 \$	2010 \$
Cash flow from operating activities			
Government grants		625,943	665,167
Grants - others		14,040	48,056
Donations		88,354	66,511
Payments to suppliers and employees		(945,076)	(825,457)
Interest received		135,935	82,935
Finance costs paid		-	(191)
Other income		105,742	86,811
Net cash provided by (used in) operating activities	1b	24,939	123,832
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(53,937)	(48,931)
Proceeds from sale of property, plant & equipment		750,000	900,000
Net cash provided by (used in) investing activities		696,063	851,069
Net increase (decrease) in cash held		721,002	974,901
Cash at beginning of year		1,996,028	1,021,127
Cash at end of year	1a	2,717,030	1,996,028

Notes to the Statement of Cash Flows for the year ended 30 June 2011

	Note	2011 \$	2010 \$
1 Cash flow information			
a. Reconciliation of cash			
For the purposes of the statement of cash flows, cash includes cash at bank including interest bearing deposits.			
Cash at end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:			
Cash at bank		1,638,229	981,114
Interest bearing deposits		1,078,801	1,014,914
		2,717,030	1,996,028
b. Reconciliation of Cash Flow from Operations with profit (loss) after Income Tax			
Profit (loss) after income tax		152,950	855,114
Non-cash flows in profit (loss):			
Depreciation		36,295	37,212
(Profit) Loss on disposal of non-current assets		-	(760,814)
Changes in assets and liabilities:			
Decrease/(increase) in trade and other receivables		17,104	(45,957)
(Decrease)/increase in payables		(169,873)	35,885
(Decrease)/increase in provisions		(11,538)	2,392
Net cash provided by (used in) operating activities		24,939	123,832
c. Non-cash financing and investing activities			
There were no non-cash financing and investing activities during the year.			
d. Credit standby arrangement and loan facilities			
The association has no present credit standby arrangement; bank overdraft and loan facilities with the financial institution.			

Notes to the Financial Statements for the year ended 30 June 2011

The financial statements cover Huntington's Victoria Inc as an individual entity. Huntington's Victoria Inc is an association incorporated in Victoria under the Associations Incorporation 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 Incorporation 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

No provision for income tax is necessary for the Association is exempt from income tax under Subdivision 50-5 of the Income Tax Assessment Act 1997.

b. Property, Plant and Equipment

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

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. The carrying amount of plant and equipment is reviewed annually by the Committee of Management 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 assets employment and subsequent disposal.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight line basis over their useful lives to the association commencing from the time the asset is held ready for use.

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

Class of Fixed Asset	Depreciation Rate
Plant and equipment (over 10 years)	10%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet 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 or losses are included in the statement of comprehensive income.

c. Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to balance date. 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, plus related on-costs. 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.

d. 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.

Notes to the Financial Statements for the year ended 30 June 2011 (Cont)

e. Cash and Cash Equivalents

Cash and cash equivalents include cash at bank, 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.

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

g. Revenue and Other Income

Revenue is recognised to the extent that it is probable that the economic benefits will flow to Huntington's Victoria Inc and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised.

Government and Other Grants

Revenue from grants is recognised when Huntington's Victoria Inc has control of the grant funds which is usually the receipt of funds.

Donations

Revenue from donations is recognised when received.

Investment income

Interest earned on investments held is recognised as the interest accrues.

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

h. Financial Instruments

Initial recognition and measurement

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

(i) Receivables

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.

(ii) Financial liabilities

Non-derivative financial liabilities are subsequently measured at amortised cost.

Impairment

At the end of each reporting period, the association assesses whether there is objective evidence that a financial instrument has been impaired. Impairment losses are recognised in the statement of comprehensive income.

Derecognition

Financial assets are derecognised where the contractual right to receipt of cash flows expires 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

Notes to the Financial Statements for the year ended 30 June 2011 (cont)

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.

i. 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.

j. Comparative Figures

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

k. 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.

l. Key Accounting Estimates and Judgments

The association evaluates estimates and judgments incorporated into the financial report 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.

The Committee of Management believes that the estimates and assumptions used during the year would not have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

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. The Committee of Management does not expect that they will have a material impact on the financial statements.

Notes to the Financial Statements for the year ended 30 June 2011

	Note	2011 \$	2010 \$
2 Significant revenue and expenses			
The association sold its property at 607 Warrigal Road, Ashwood on 16 April 2010.			
Gain on disposal of property		-	760,814
3 Key Management Personnel Compensation			
The totals of remuneration paid to key management personnel (KMP) of the association during the year are as follows:			
Short-term employee benefits		95,497	58,354
Post-employment benefits		8,559	1,954
		104,056	60,308
4 Cash and cash equivalents			
Cash at bank		1,638,229	981,114
Interest bearing deposits		1,078,801	1,014,914
		2,717,030	1,996,028
5 Trade and other receivables			
Current			
Sale of property - balance on purchase price		-	750,000
Rental deposits/bonds		19,950	19,900
Interest receivable		4,327	10,109
Other receivables		-	1,676
		24,277	781,685
6 Other current assets			
Current			
Prepayments		4,725	14,421
		4,725	14,421
7 Property, plant and equipment			
Land & buildings - 607 Warrigal Road		-	-
Less accumulated depreciation		-	-
		-	-
Office equipment - at cost		139,153	119,215
Less accumulated depreciation		(21,021)	(18,725)
		118,132	100,490
Total plant & equipment		118,132	100,490

Notes to the Financial Statements for the year ended 30 June 2011 (Cont)

	Note	2011 \$	2010 \$
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a Movements in carrying amounts

Movements in the carrying amounts for each class of property, plant and equipment:

	Land & buildings \$	Office equipment \$	Total \$
Balance at 1/7/09	742,359	85,598	827,957
Additions	-	48,930	48,930
Disposals	(739,186)	-	(739,186)
Depreciation/amortisation expense	(3,173)	(34,038)	(37,211)
Balance at 30/6/10	-	100,490	100,490
Additions		53,937	53,937
Disposal		-	-
Depreciation/amortisation expense		(36,295)	(36,295)
Carrying amount at 30/6/11	-	118,132	118,132

8 Trade and other payables

Current

Trade payables	33,220	45,186
Other payables and accrued expenses	15,350	28,766
Hunter's Premium Funding	-	1,277
GST payable (net)	5,260	148,473
Financial liabilities as trade and other payables	53,830	223,703

9 Provisions

Current

Provision for annual leave	23,010	34,548
Provision for long service leave	-	-
	23,010	34,548

Employee benefits Short-term

Movements:

	\$
Opening balance at 1/7/10	34,548
Additional provisions raised during the year	31,237
Amounts used	(42,775)
Balance at 30/6/11	23,010

10 Reserves

Revaluation reserve

This reserve records revaluation of property, plant & equipment.

11 Contingent liabilities and contingent assets

There are no material contingent assets and liabilities which are required to be disclosed in the financial statements at balance date.

Notes to the Financial Statements for the year ended 30 June 2011 (Cont)

	Note	2011 \$	2010 \$
12 Operating segments			
Huntington's Victoria Inc. operates solely in the medical service field in Australia.			
13 Events after the Reporting Period			
There are no events subsequent to the reporting period which are required to be disclosed in the financial statements.			
The financial report was authorised for issue on 10 October 2011 by the Committee of Management.			
14 Association details			
The principal place of business of the association is: 16 Wakefield Street, Hawthorn, VICTORIA 3122			
15 Related party transactions			
Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.			
There were no significant related party transactions during the year.			
16 Financial risk management			
Significant financial risk management policies			
Huntington's Victoria Inc principal financial instruments are cash and cash investments. The main risks arising from Huntington's financial instruments are interest rate risk.			
Primary responsibility for identification and control of financial risks rests with the Committee of Management.			
Fair Values			
The fair values of Huntington's financial instruments are materially consistent with the carrying amounts recognised in the financial statements.			
Risk exposures and responses			
Interest rate risk			
Huntington's Victoria Inc is exposed to market risk for changes in interest rates, primarily related to cash at hand.			
At balance date Huntington's Victoria Inc had the following financial assets exposed to Australian variable interest rate risk.			
Cash held by Huntington's Victoria Inc.		2,717,030	1,996,028
Cash at hand is held in a cash management account with the National Australia Bank. Interest bearing deposit accounts are held with MacQuarie Bank Limited.			

Notes to the Financial Statements for the year ended 30 June 2011 (Cont)

	Note	2011 \$	2010 \$
17 Operating lease commitments			
Non-cancellable operating leases contracted for but not capitalised in the financial statements			
(a) The Association has entered into commercial leases on certain motor vehicles and items of office equipment.			
Payable - minimum lease payments:			
- not later than 1 year		17,745	16,906
- later than 1 year but not later than 5 years		27,454	9,309
		45,199	26,215
(b) Property lease commitment			
The property lease commitment is a non-cancellable operating lease with a three-year term, with rent payable monthly in advance.			
Contingent rental provisions within the lease agreement require that the minimum lease payments shall be increased by 4% per annum.			
An option exists to renew the lease at the end of the three-year term for an additional two further terms of two years.			
Payable - minimum lease payments:			
- not later than 1 year		75,130	72,000
- later than 1 year but not later than 5 years		77,875	152,755
		153,005	224,755
The above committed payments are exclusive of GST.			

Statement by Members of the Committee of Management

In the opinion of the Committee of Management the financial report as set out on pages 21 to 31 is in accordance with the Associations Incorporation Act 1981 and:

1. Presents a true and fair view of the financial position of Huntington's Victoria 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 Huntington's Victoria Inc. will be able to pay its debts as and when they fall due

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



Angela Weller
President



Anne Sanderson
Treasurer

Date: 10 October 2011



Chartered
Accountants

MR HOCK CHING
ABN 25 763 709 339

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TEL & FAX: 03 9808 0281
MOB: 0413 568 089



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HUNTINGTON'S VICTORIA INC.

Report on the Financial Report

I have audited the accompanying financial report of Huntington's Victoria 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 then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by the committee of management.

The Committee of Management's Responsibility for the Financial Report

The Association's committee of management 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 Incorporations Act Vic 1981 and for such internal control as the committee of management 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

My responsibility is to express an opinion on the financial report based on the audit. I conducted the audit in accordance with Australian Auditing Standards. Those standards require that I 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 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 association'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 association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee of management, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Basis for Qualified Auditor's Opinion

The Association's controls in respect of cash receipts are restricted to initial recording in the receipts book and upon entry into the banking records. As a result, my audit was limited to ensuring the amounts banked are properly recorded in the financial report. Accordingly, I do not express my opinion on whether all receipts have been entered in the banking records and recorded in the financial report and I cannot determine the effects of such adjustments, if any as might have been determined to be necessary had this not existed.



Chartered
Accountants



**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF HUNTINGTON'S VICTORIA INC. (CONT)**

Qualified Auditor's Opinion

In my opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial report of Huntington's Victoria Inc. is in accordance with the Associations Incorporations Act Victoria 1981 including:

- (a) giving a true and fair view of the association's financial position as at 30 June 2011 and of its financial performance and its cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards.

HOCK CHING
ASIC Auditor Registration Number: 215014

Date: 10 October 2011

Our Supporters

Huntington's Victoria would like to acknowledge the generosity of individuals, groups and organisations that have again supported HV in its efforts to assist the HD community. In addition to financial support HV and its clients have also benefited from a range of in kind and pro bono assistance. We appreciate and value the relationships that have been established. HV would like to acknowledge the financial and in kind support of the following organisations and individuals.

Government Funding

Department of Human Services
Department of Health

Service Partners

Brain Disorders Unit
Brainlink
Calvary Health Care Bethlehem
Dr. Andrew Churchyard
Dr. Dennis Velakoulis
Dr. Ramon Mocellin
Associate Professor Mark Walterfang
DHS CRISSP Team
DHS ISP Team Eastern Metropolitan Region
Carer's Victoria
Digiscape
Disability Services Commissioner Office
H.C. and Associates
Herbert Geer
Huntingtons Victoria Research Group
ItConnexion
Maurice Blackburn
Melbourne IVF
Melbourne Neuropsychiatry Centre
Monash IVF
Murdoch Children's Research Institute
My Future My Choice Advisory Committee
National Alliance of Young People in Nursing Homes
Office of the Public Advocate
Wesley Neurological Support Services Arthur Preston Centre
Yooralla Eastern ISP Team

Donors and Supporters

Foster Golf Club
Maurie Browne
Macquarie Group Foundation
Multi Direct Kelgrove
Jesse Fokkens
Simon Philpot
RACV Club
St.James College
The Jack and Hedy Brent Foundation

In kind Support and Services

Jan Ferguson
Steve Twining
Jason Turnbull
Jess Rice
Sean Egan

We also receive many anonymous donations each year we would also like to take this opportunity to thank those persons who have taken the time to raise funds for the HD community.

ARTIST'S STATEMENT

DENIS WIMPOLE

I find painting very relaxing as I suffer anxiety and panic attacks due to my illness.

When I paint, it takes me away from my problems and my art classes are a highlight of my week.

I have always loved art passionately and have thoroughly enjoyed visiting famous galleries and museums throughout the world. However, I never thought that I could produce worthwhile pieces of art myself until I developed my neurological disease.

I find it wonderful to be able to express myself through my art. I don't feel restricted to a conventional style of painting and I tend to paint in my own way.

I like to paint portraits and landscapes and I would describe my overall style as impressionistic. I love color very much and I enjoy varying and blending color in my paintings to make them my very own style.

I mostly use a mixed medium of pastel and acrylic paint and I love to blend colors with my fingers. I frequently use a pointed instrument to create interest and perspective in my paintings.

Colors are of great importance to me in my art.

Art has given me a wonderful outlet in my life and provides me with enormous personal satisfaction.

Denis Wimpole



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